X12-837 INPUT DATA SPECIFICATIONS

2011

SPARCS INPUT DATA SPECIFICATIONS

Version 4050R and 5010R

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SPARCS INPUT DATA SPECIFICATIONS

OVERVIEW

The Statewide Planning and Research Cooperative System (SPARCS) is a comprehensive data reporting system established in 1979 as a result of cooperation between the health care industry and government. Initially created to collect information from hospitals, SPARCS now collects patient level detail on patient characteristics, diagnoses and treatments, services, and charges for every inpatient hospital discharge (IP), ambulatory surgery visit (AS)(1983) and emergency department (ED) (2005) admission, and most recently, outpatient visits (OP) (2011) from health care facilities certified under Article 28 of the New York State Public Health Law (PHL).

The enabling legislation and regulations for SPARCS are located under Section 2816 of the PHL and Section 400.18 of Title 10 (Health) of the Official Compilation of Codes, Rules, and Regulations of the State of New York (NYCRR).

BACKGROUND

The NYS Department of Health Office of Health Systems Management received grant funding from the Health Care Financing Administration (HCFA) in October, 1977. After establishing necessary forms, procedures, and involvement of the health care community, data collection began in 1979 as a demonstration project.

In 1980 the first regulations were established in the Title 10 NYCCR to continue SPARCS under regulatory authority to collect inpatient data.

In April 1983 and June 1985, the State Hospital Review and Planning Council adopted additional regulations authorizing the reporting of ambulatory surgery data (AS) to the New York State Department of Health. Additional specifications for ambulatory surgery appear in Section 755.1 and Section 755.10. The regulations required that inpatient data be submitted by all Article 28 facilities certified for inpatient and that outpatient data be submitted by all hospital-based ambulatory surgery services and all other facilities providing ambulatory surgery services.

In April 1993, a national ad hoc task force released a new Universal Data Set (UDS) Specification that included reporting codes for use with the Uniform Bill (UB-92) paper form and a new electronic format. The UDS system streamlined multiple data submission formats into a single format, removing redundant reporting requirements for hospitals and other health care facilities. SPARCS adopted these national formats for billing and claims processing to allow ease for facilities reporting data to the Department of Health.

Recognizing the need for emergency department data (ED), the New York State Legislature passed legislation in September 2001 mandating the collection of emergency department data through SPARCS. After identifying data elements that satisfied public health and health services administration information needs, the regulations established the collection of emergency department data in 2005.

Due to the adoption of national standards for claims progressing, SPARCS reaped the benefits of using the national standards, however, in order to continue to progress with the current health care industry data standards, SPARCS had to adopt a significant change in the national uniform billing format called the Uniform Bill (UB-04). This format required the National Provider ID for all providers as well as other modifications.

Effective January 1, 2008 SPARCS required that all data be submitted in the X12-837 electronic format of the UB-04 uniform bill replacing the UDS Version 5/6 of the previous uniform bill (UB-92).

Meanwhile, in April 2006 the New York State Legislature again amended Article 28 Section 2816 (2) (a) (iv) to include the addition of all outpatient clinic visit data (OP) on the outpatient file. This new information was added to the collection of ambulatory surgery and emergency department visits in the outpatient arena. The need to collect this outpatient clinic data information was twofold: the Federal Government requested NYS to recalculate the Upper Payment Limits used for Medicaid Reimbursements due to the fact that the Federal Government pays 50% of the Medicaid rate and second, the existing Outpatient NYS Medicaid reimbursement methodology needed to be redesigned. This initiative became known as the Expanded Outpatient Data Collection (EODC) Project with data collection commencing with a phased in approach starting in the summer of 2011.

SPARCS ADMINISTRATION

The responsibility for protecting the confidentiality and privacy of data related to patient care resides with the Commissioner of Health. The responsibility for tracking and monitoring the technical functioning of SPARCS data collection resides within the SPARCS Administrative Unit. SPARCS staff are available to assist with every phase of the SPARCS data system.

SPARCS data users will find a vast array of information concerning SPARCS data contained within our web site. Included in this information are specifics on the data content, format, and obtaining access. Users should note the distinction between the X12-837 Input Data Specifications and the Output Data Dictionaries (Inpatient and Outpatient). The X12-837 Input Data Specifications document is of interest to data submitters. The Output Data Dictionary for Inpatient and the Output Data Dictionary for Outpatient are documents of interest to data users.

SPARCS DATA SUBMITTERS

SPARCS inpatient (IP) and outpatient (AS, ED, OP) data is provided by facilities certified under Article 28 of the Public Health Law. Any facility certified to provide: inpatient services, ambulatory surgery services, emergency department services or outpatient services are required to submit data to SPARCS. This includes all New York State Hospitals and Diagnostic and Treatment Centers (DTC's - commonly known as outpatient clinics).

DATA SUBMISSION REQUIREMENTS

The submission requirements are as follows:

- **95%** of the facility's data must be submitted **60** days following the month of patient discharge.

- **100%** of a facility's data is due **180** days following the month of patient discharge.

In 2008, SPARCS implemented its Annual Data Reconciliation process. The process produces a report called the Submission Compliance Report on a monthly basis describing each facility's compliance with the submission requirements described above. These reports are posted on the Department's Health Commerce System (HCS). The HCS is a secure intranet site requiring a password to access the account.

Facilities that do not submit adequate amounts of data (by service type) by the specified deadlines may be subject to receiving a Statement of Deficiencies for non-compliance with Department regulations. Continued non-compliance may further result in fines or Medicaid rate reimbursement penalties.

INPUT DATA SPECIFICATIONS DOCUMENT

The SPARCS X12-837 Input Data Specifications document further details the form and content for each required data element including:

- FILE ELEMENT DESCRIPTIONS

  These elements are used within the ASC X12-837 file format to identify specific data elements submitted on the record. These elements are not stored on the Master File.

- DATA ELEMENT DESCRIPTIONS

  The data elements pertaining to the claim are named and defined. The specifications identify the required elements and the specific format/length.

- DATA EDIT SPECIFICATIONS

  This legend describes whether an element is required for a particular data type (IP, AS, ED, OP). There are currently four letters used in this legend:

Data Edit	Data Edit Name	Description
R	Required	Data element must be submitted for the data type and must not be blank.
S	Situational	Required based upon values of other elements
O	Optional	This element is not required and may be blank, however, if submitted, it will be edited.
N	Not Needed	Not required, not edited, not collected. If submitted it will be ignored.

- CODES AND VALUES.

  Defines the specific codes and values for each data element in order to be accepted by SPARCS.

- EDIT APPLICATIONS.

  Describe a series of edits that each input record must undergo in order for the data element to be accepted by SPARCS.

  The document is arranged following the hierarchical looping structure of the X12-837 format:

DATA FORMAT STRUCTURE

SUBMITTER

PROVIDER (FACILITY)

SUBSCRIBER
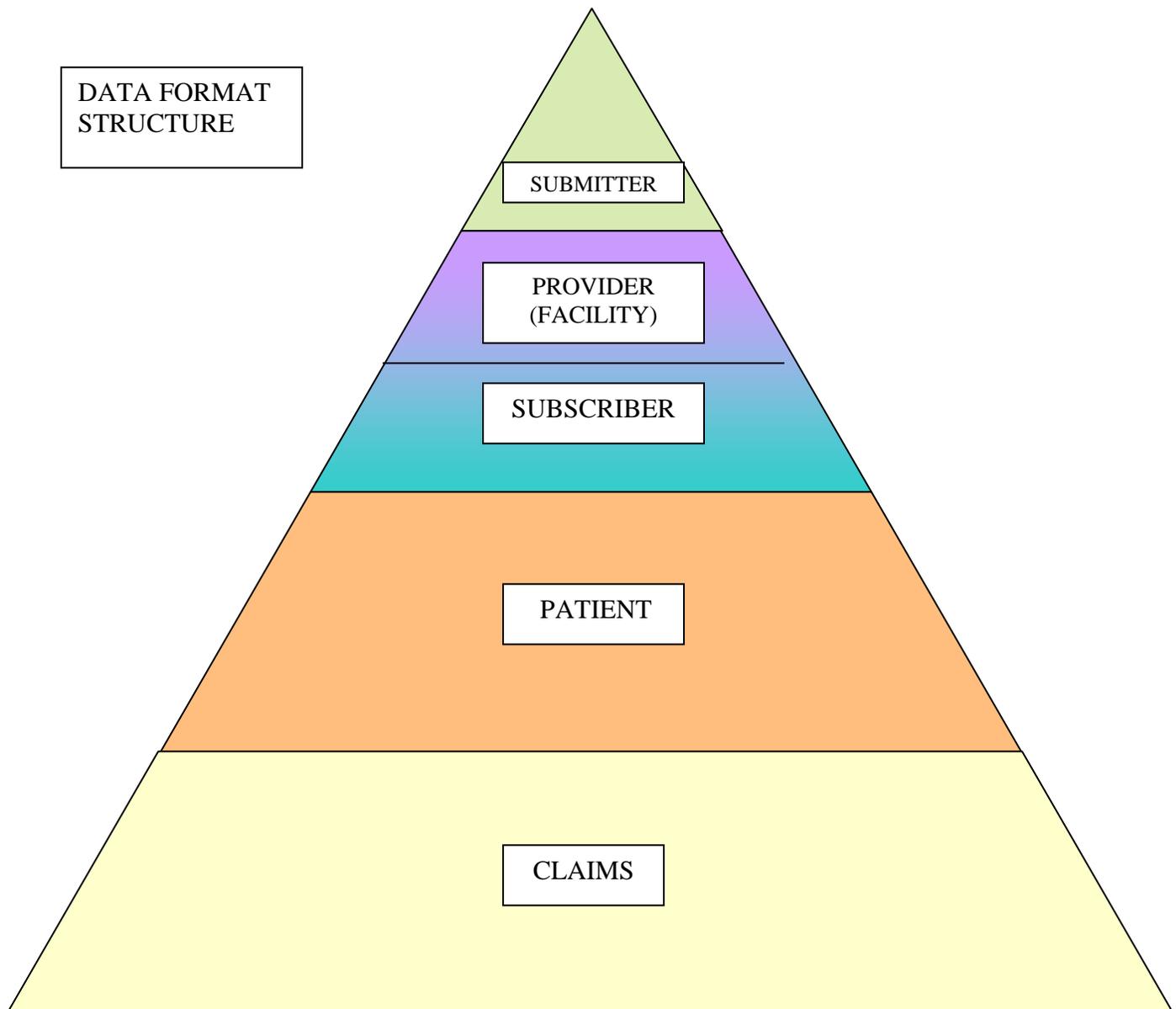
PATIENT

CLAIMS

IDENTIFYING DATA TYPES

SPARCS accepts two distinct file types, Inpatient and Outpatient. Each file must be submitted separately, that is, inpatient and outpatient claims may not be contained within the same file.

Inpatient File: Within the inpatient file, only inpatient (IP) service type claims may be submitted. These are identified by the second digit of the Facility Code (formerly the Bill Type).

Outpatient File: The outpatient file, also identified by the second digit of the Facility Code, contains three distinct data/service types, Ambulatory Surgery, Emergency Department and Outpatient Services. For SPARCS purposes, the three service types are distinguished by revenue codes.

- AMBULATORY SURGERY (AS)

    AS records are identified by the presence of any of the following revenue codes:

REPORTING AMBULATORY SURGERY TO SPARCS

Revenue Code	Category	Sub Category
0360	Operating Room Services	
0362	Operating Room Services	Organ Transplant, Not Kidney
0369	Operating Room Services	Other Operating Room Services
0481	Cardiology	Cardiac Catheter Lab
0490	Ambulatory Surgery	
0499	Ambulatory Surgery	Other Ambulatory Surgery Care
0750	Gastro-Intestinal Services	
0790	Lithotripsy	

- EMERGENCY DEPARTMENT (ED)

  ED records are identified by the presence of the following revenue codes:

  REPORTING EMERGENCY SERVICES TO SPARCS

Revenue Code	Category
0450	Emergency Room
0451	EMTALA Emergency Medical Screening Services
0452	ER Beyond EMTALA Screening
0456	Urgent Care
0459	Other Emergency Room Care

- OUTPATIENT SERVICE (OP)

  Within the outpatient file, any record not specifically identified as either ED or AS will be classified as an Outpatient Service. Outpatient Services will be collected from hospital outpatient departments, all diagnostic & treatment centers (this includes hospital owned diagnostic & treatment clinics licensed for any outpatient service and free-standing diagnostic & treatment clinics licensed for any outpatient service).

These data type definitions are used to establish record counts for both the Submission Compliance Reports and the Annual Data Reconciliation Process.

SPARCS

X12-837 INPUT DATA SPECIFICATIONS

2011

DATA ELEMENTS

SPARCS INPUT DATA SPECIFICATIONS

Data Element Name: Authorization Information Qualifier

Format-Length: AN - 2

Data Edit Specifications			
AS	ED	IP	OP
N	N	N	N

Effective Date: May 2003   **Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	ISA	ISA01	I01		Authorization Information Qualifier
5010R	HEADER				
Paper Form	**Locator**	**Code Qualifier**		**Description**	
Institutional - UB-04				Does not apply - needed only for electronic submission	

Definition:

Code identifying the type of information in the authorization information.

Codes and Values:

      1. 00 = No Authorization Information Present. No meaningful Information in I02.

Edit Applications:

  1. May equal "00"

  2. ISA Header is fixed width. If element is blank or not required, spacing must be maintained.

Data Element in Output Data Set: No

Note:

1. If not completed, the length of this element must be entered.

    Example: ISA*00*   *00*SP837V212P*ZZ*999   *ZZ*999
    *080723*1416*^*00405*000000003*0*T*:~

2. *ISA - Interchange Control Header:*
The Interchange Control Header or ISA, is used to identify the incoming file. The purpose of this segment is to start the file with specific information that will be used to process the file. This is a fixed length segment that must maintain the proper positions/spacing.

SPARCS INPUT DATA SPECIFICATIONS

Data Element Name: Authorization Information

Format-Length: AN – 10

Data Edit Specifications			
AS	ED	IP	OP
N	N	N	N

Effective Date: May 2003   **Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	ISA	ISA02	I02		Authorization Information
5010R	HEADER				
Paper Form	**Locator**	**Code Qualifier**	**Description**		
Institutional - UB-04			Does not apply - needed only for electronic submission		

Definition:

Information used for additional identification or authorization of the interchange sender or the data in the interchange; the type of information is set by the "Authorization Information Qualifier" (I01).

Codes and Values:

1**.** Equals Authorization Information

Edit Applications:

1. May equal Authorization Information

2. ISA Header is fixed width. If element is blank or not required, then spacing must be maintained.

Data Element in Output Data Set: No

Note:

1. *ISA - Interchange Control Header:*
The Interchange Control Header or ISA, is used to identify the incoming file. The purpose of this segment is to start the file with specific information that will be used to process the file. This is a fixed length segment that must maintain the proper positions/spacing.

SPARCS INPUT DATA SPECIFICATIONS

Data Element Name: Security Information Qualifier

Format-Length: AN – 2

Data Edit Specifications			
AS	ED	IP	OP
N	N	N	N

Effective Date: May 2003   **Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	ISA	ISA03	I03		Security Information Qualifier
5010R	HEADER				

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04			Does not apply - needed only for electronic submission

Definition:

Code identifying the type of information in the Security Information.

Codes and Values:

1. 00 = No Security Information Present

Edit Applications:

1. May equal "00".

2. ISA Header is fixed width. If element is blank or not required, spacing must be maintained.

Data Element in Output Data Set: No

Note:

ISA - Interchange Control Header:
The Interchange Control Header or ISA, is used to identify the incoming file. The purpose of this segment is to start the file with specific information that will be used to process the file. This is a fixed length segment that must maintain the proper positions/spacing.

SPARCS INPUT DATA SPECIFICATIONS

Data Element Name: Security Information

Format-Length: AN – 10

Data Edit Specifications			
AS	ED	IP	OP
N	N	N	N

Effective Date: May 2003   **Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	ISA	ISA04	I04		Security Information
5010R	HEADER				

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04			Does not apply - needed only for electronic submission

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Definition:

This is used for identifying the security information about the interchange sender or the data in the interchange; the type of information is set by the Security Information Qualifier (I03)

Codes and Values:

1. Equals Security Information.

Edit Applications:

1. May equal Security Information.

2. ISA Header is fixed width. If element is blank or not required, spacing must be maintained.

Data Element in Output Data Set: No

Note:

ISA - Interchange Control Header:
The Interchange Control Header or ISA, is used to identify the incoming file. The purpose of this segment is to start the file with specific information that will be used to process the file. This is a fixed length segment that must maintain the proper positions/spacing.

SPARCS INPUT DATA SPECIFICATIONS

Data Element Name: Interchange Sender ID Qualifier

Format-Length: AN – 2

Data Edit Specifications			
AS	ED	IP	OP
R	R	R	R

Effective Date: May 2003   **Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	ISA	ISA05	I05	ZZ	Interchange ID Qualifier
5010R	HEADER				

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04			Does not apply - needed only for electronic submission

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Definition:

Code indicating the system/method of code structure used to designate the sender or receiver ID element being qualified. This data element qualifies the sender (I06).

Codes and Values:

1. ZZ = Mutually Defined

Edit Applications:

1. Must equal "ZZ".

2. ISA Header is fixed width. If element is blank, record will be rejected.

Data Element in Output Data Set: No

Note:

ISA - Interchange Control Header:
The Interchange Control Header or ISA, is used to identify the incoming file. The purpose of this segment is to start the file with specific information that will be used to process the file. This is a fixed length segment that must maintain the proper positions/spacing.

SPARCS INPUT DATA SPECIFICATIONS

Data Element Name: Interchange Sender ID
(Previously Referred to as SPARCS Collector Code)

Format-Length: AN - 15

Data Edit Specifications			
AS	ED	IP	OP
N	N	N	N

Effective Date: May 2003   **Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	ISA	ISA06	I06		Interchange Sender ID
5010R	Header				

Paper Form	Locator	Code Qualifier	Description		
Institutional - UB-04			Does not apply – needed only for electronic submission		

Definition:

Identification code published by the receiver of the data. When sending, it is used by the sender as their sending ID, thus other parties sending to them will use this as a receiving ID to route data to them.

Codes and Values:

   1. Equals Interchange Sender ID (may equal SPARCS Collector Code).

Edit Applications:

   1. May equal Interchange Sender ID (or SPARCS Collector Code).

   2. ISA Header is fixed width. If element is blank or not required, spacing must be maintained.

Data Element in Output Data Set: No

Note:

1. Previously the SPARCS Collector Code was also reported in the ISA08 and GS02 positions. You may continue to report the SPARCS Collector Code in the ISA Header (ISA06, ISA08) and GS02 positions, however, the SPARCS Collector Code is only collected and edited from the NM109 data elements in the 1000A Loop.

2. *ISA - Interchange Control Header:*
The Interchange Control Header or ISA, is used to identify the incoming file. The purpose of this segment is to start the file with specific information that will be used to process the file. This is a fixed length segment that must maintain the proper positions/spacing.

SPARCS INPUT DATA SPECIFICATIONS

Data Element Name: Interchange Receiver ID Qualifier

Format-Length: AN – 2

Data Edit Specifications			
AS	ED	IP	OP
R	R	R	R

Effective Date: May 2003   **Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	ISA	ISA07	I05	ZZ	Interchange ID Qualifier
5010R	HEADER				

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04			Does not apply - needed only for electronic submission

Definition:

Code indicating the system/method of code structure used to designate the sender or receiver ID element being qualified. This data element qualifies the receiver (I07).

Codes and Values:

    1. ZZ = Mutually Defined.

Edit Applications:

    1. Must equal "ZZ".

Data Element in Output Data Set: No

Note:

ISA - Interchange Control Header:
The Interchange Control Header or ISA, is used to identify the incoming file. The purpose of this segment is to start the file with specific information that will be used to process the file. This is a fixed length segment that must maintain the proper positions/spacing.

SPARCS INPUT DATA SPECIFICATIONS

Data Element Name: Interchange Receiver ID
          (Previously Referred to as SPARCS Collector Code)

Format-Length: AN - 15

Data Edit Specifications			
AS	ED	IP	OP
N	N	N	N

Effective Date: May 2003

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	ISA	ISA08	I07		Interchange Receiver ID
5010R	Header				

Paper Form	Locator	Code Qualifier	Description		
Institutional - UB-04			Does not apply – needed only for electronic format		

Definition:

Identification code published by the receiver of the data. When sending, it is used by the sender as their sending ID, thus, the other parties sending to them will use this as a receiving ID to route data to them.

Codes and Values:

    1. Equals Interchange Receiver ID (may equal SPARCS Collector Code).

Edit Applications:

    1. May equal Interchange Receiver ID (or SPARCS Collector Code).

    2. ISA Header is fixed width. If element is blank of not required, spacing must be maintained.

Data Element in Output Data Set: No

Note:

1. Previously the SPARCS Collector Code was also reported in the ISA06 and GS02 positions. You may continue to report the SPARCS Collector Code in the ISA Header (ISA06, ISA08) and GS02 positions, however the SPARCS Collector Code is only edited and collected from the NM109 data element in the 1000A Loop.

2. _ISA - Interchange Control Header:_
The Interchange Control Header or ISA, is used to identify the incoming file. The purpose of this segment is to start the file with specific information that will be used to process the file. This is a fixed length segment that must maintain the proper positions/spacing.

SPARCS INPUT DATA SPECIFICATIONS

Data Element Name: Interchange Date

Format-Length: DT - 6

Effective Date: May 2003

Data Edit Specifications			
AS	ED	IP	OP
N	N	N	N

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	ISA	ISA09	I08		Interchange Date
5010R	HEADER				

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04			Does not apply - needed only for electronic submission

---

Definition:

Date of the interchange.

Codes and Values:

1. The value is the actual date of interchange.

Edit Applications:

1. Should be in the format YYMMDD.

2. ISA Header is fixed width. If element is blank or not required, spacing must be maintained.

Data Element in Output Data Set: No

Note:

ISA - Interchange Control Header:
The Interchange Control Header or ISA, is used to identify the incoming file. The purpose of this segment is to start the file with specific information that will be used to process the file. This is a fixed length segment that must maintain the proper positions/spacing.

SPARCS INPUT DATA SPECIFICATIONS

Data Element Name: Interchange Time

Format-Length: TM – 4

Data Edit Specifications			
AS	ED	IP	OP
N	N	N	N

Effective Date: May 2003

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	ISA	ISA010	I09		Interchange Time
5010R	HEADER				

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04			Does not apply - needed only for electronic submission

Definition:

Time of the interchange.

Codes and Values:

1. The value is the actual interchange time.

Edit Applications:

1. Should be in the format: HHMM.

2. ISA Header is fixed width. If element is blank or not required, spacing must be maintained.

Data Element in Output Data Set: No

Note:

ISA - Interchange Control Header:
The Interchange Control Header or ISA, is used to identify the incoming file. The purpose of this segment is to start the file with specific information that will be used to process the file. This is a fixed length segment that must maintain the proper positions/spacing.

SPARCS INPUT DATA SPECIFICATIONS

Data Element Name: Repetition Separator

Data Edit Specifications			
AS	ED	IP	OP
R	R	R	R

Format-Length: ID - 1

Effective Date: May 2003

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	ISA	ISA11	I65		Repetition Separator
5010R	HEADER				

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04			Does not apply - needed only for electronic submission

Definition:

The repetition separator is a delimiter and not a data value; this field provides the delimiter used to separate repeated occurrences of a simple data element or a composite data structure; this value must be different than the data element separator component element separator, and the segment terminator. The separator is denoted by the **"⋀"** sign.

Codes and Values:

1. **"⋀"**

Edit Applications:

1. Must equal **"⋀"**

Data Element in Output Data Set: No

Note:

ISA - Interchange Control Header:
The Interchange Control Header or ISA, is used to identify the incoming file. The purpose of this segment is to start the file with specific information that will be used to process the file. This is a fixed length segment that must maintain the proper positions/spacing.

SPARCS INPUT DATA SPECIFICATIONS

Data Element Name: Interchange Control Version Number

Format-Length: ID - 5

Data Edit Specifications			
AS	ED	IP	OP
R	R	R	R

Effective Date: May 2003   **Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	ISA	ISA12	I11	See	Interchange Control Version
5010R	HEADER			Below	Number

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04			Does not apply - needed only for electronic submission

---

Definition:

Code specifying the version number of the interchange control segments.

Codes and Values:

Must be a valid code in accordance with the appropriate ASC X12 Version being used to submit the data.

1. <u>Version 4050R only</u>:

   "00405" = for X12 Version 4050 reporting (Expires January 1, 2012).

2. <u>Version 5010 R only</u>:

   "00501" = for X12 Version 5010 reporting.

Edit Applications

1. Must be a valid entry.

Data Element in Output Data Set: No

Note:

1. The value of the Interchange Control Version Number (ISA12) and the value of the GS Version Identifier Code (GS08) must relate to one another.

2. *ISA - Interchange Control Header:*
The Interchange Control Header or ISA, is used to identify the incoming file. The purpose of this segment is to start the file with specific information that will be used to process the file. This is a fixed length segment that must maintain the proper positions/spacing.

SPARCS INPUT DATA SPECIFICATIONS

Data Element Name: Interchange Control Number

Format-Length: AN – 9

Data Edit Specifications			
AS	ED	IP	OP
N	N	N	N

Effective Date: May 2003   **Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	ISA	ISA13	I12		Interchange Control Number
5010R	HEADER				

Paper Form	Locator	Code Qualifier	Description		
Institutional - UB-04			Does not apply - needed only for electronic submission		

Definition:

A control number assigned by the interchange sender. The Interchange Control Number must be a positive unsigned number and must be the same value as Interchange Control Trailer, IEA02.

Codes and Values:

1. The value is the interchange control number.

Edit Applications:

1. ISA Header is fixed width. If element is blank or not required, spacing must be maintained.

Data Element in Output Data Set: No

Note:

ISA - Interchange Control Header:
The Interchange Control Header or ISA, is used to identify the incoming file. The purpose of this segment is to start the file with specific information that will be used to process the file. This is a fixed length segment that must maintain the proper positions/spacing.

SPARCS INPUT DATA SPECIFICATIONS

Data Element Name: Acknowledgment Requested Indicator

Data Edit Specifications			
AS	ED	IP	OP
R	R	R	R

Format-Length: ID - 1

Effective Date: May 2003   **Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	ISA	ISA14	I13		Acknowledgement Requested
5010R	HEADER				Indicator

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04			Does not apply - needed only for electronic submission

Definition:

Code indicating sender's request for an interchange acknowledgment.

For X12 purposes, the TA1 segment provides the capability for the interchange receiver to notify the sender that a valid envelope was received or that the problems were encountered with the interchange control structure. The TA1 verifies the envelopes only. The TA1 is unique in that it is a single segment transmitted without the GS/GE envelope structure. A TA1 can be included in an interchange with other functional groups and transactions.

Encompassed in the TA1 are the interchange control number, interchange date and time, interchange acknowledgment code, and the interchange note code. The interchange control number, interchange date and time are identical to those that were present in the transmitted interchange from the trading partner. This provides the capability to associate the TA1 with the transmitted interchange. Values for this data element indicate whether the error occurred at the interchange or functional group envelope.

Codes and Values:

"0" = No Interchange Acknowledgment Requested.

"1" = Interchange Acknowledgment Requested (TA1).

Edit Applications:

1. Must equal "0" or "1".

Data Element in Output Data Set: No

Note:

1. For X12 purposes, TA104, Interchange Acknowledgment Code, indicates the status of the interchange control structure. This data element stipulates whether the transmitted interchange was accepted with no errors, accepted with errors, or rejected because of errors. TA105, Interchange Note Code, is a numerical code that indicates the error found while processing the interchange control structure.

2. _ISA - Interchange Control Header:_
The Interchange Control Header or ISA, is used to identify the incoming file. The purpose of this segment is to start the file with specific information that will be used to process the file. This is a fixed length segment that must maintain the proper positions/spacing.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Test / Production Indicator

Format-Length: ID – 1

Data Edit Specifications			
AS	ED	IP	OP
R	R	R	R

Effective Date: October 1, 1999   **Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	ISA	ISA15	I14		Interchange Usage Indicator
5010R	HEADER				
Paper Form	Locator	Code Qualifier	Description		
Institutional - UB-04	N/A	N/A	Does not apply – needed only for Electronic submission		

Definition:

Code indicating whether data enclosed by this interchange envelope is test, production or information. SPARCS will use this indicator to process the transmission as a test or production submission.

Codes and Values:

1. P = Production Data

    Submission is sent through SPARCS edit program.

    Edit Report and Error Records (if any) are returned to user via HCS.

    Records passing edits are stored in the SPARCS Master File.

2. T = Test Data

    Submission is sent through SPARCS edit program.

    Edit Report and Error Records (if any) are returned to user via HCS.

    Records passing edits are NOT stored in the SPARCS Master File.

Edit Applications:

1. Must equal "P" or "T", if not, the entire record will be rejected.

2. Must equal "P" to be accepted as a Production Submission. Any other value or no-value, then the submission will be processed as a test file.

Data Element in Output Data Set: No

Note:

ISA - Interchange Control Header:
The Interchange Control Header or ISA, is used to identify the incoming file. The purpose of this segment is to start the file with specific information that will be used to process the file. This is a fixed length segment that must maintain the proper positions/spacing.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Component Element Separator

Format-Length: AN – 1

Data Edit Specifications			
AS	ED	IP	OP
R	R	R	R

Effective Date: May 2003   **Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	ISA	ISA16	I15		Component Element Separator
5010R	HEADER				

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04			Does not apply - needed only for electronic submission

Definition:

The component element separator is a delimiter and not a data element; this field provides the delimiter used to separate component data elements within a composite data structure. This value must be different than the data element separator and the segment terminator.

Codes and Values:

1. Component Element Separator " : "

Edit Applications:

1. Must equal " : "

Data Element in Output Data Set: No

Note:

ISA - Interchange Control Header:
The Interchange Control Header or ISA, is used to identify the incoming file. The purpose of this segment is to start the file with specific information that will be used to process the file. This is a fixed length segment that must maintain the proper positions/spacing.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Functional Identifier Code

Format-Length: ID - 2

Data Edit Specifications			
AS	ED	IP	OP
R	R	R	R

Effective Date: May 2003

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	GS	GS01	479	HC	Health Care Claim (837)
5010R	HEADER				

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04			Does not apply - needed only for electronic submission

Definition:

Code identifying a group of application related transaction sets. The 2-character Functional Identifier Code assigned to each transaction set by X12. The Functional Identifier Code must be transmitted in the Functional Group Header (GS Segment) that begins a functional group of these transaction sets.

Codes and Values:

1. "HC" = Health Care Claim (837)

Edit Applications:

1. Must equal "HC".

Data Element in Output Data Set: No

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Application Sender's Code	Data Edit Specifications			
(Previously referred to as SPARCS Collector Code)	AS	ED	IP	OP
Format-Length: AN - 15	N	N	N	N

Effective Date: May 2003   **Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	**X12 Loop**	**Ref. Des.**	**Data Element**	**Code**	**X-12 Data Element Name**
Version 4050R	GS	GS02	142		Application Sender's Code
5010R	Header				
Paper Form	**Locator**	**Code Qualifier**	**Description**		
Institutional - UB-04	N/A	N/A	Does not apply – needed only for electronic submission		

Definition:

Code identifying party sending transmission; codes agreed to by trading partners. Use this code to identify the unit sending the information. The three-digit identification number used to identify the hospital or vendor (data collector) submitting the data. Not to be confused with the SPARCS Identification Number. This code must correspond with the Submitter Name.

Codes and Values:

    1. Equals Application Sender's Code (may equal SPARCS Collector Code).

Edit Applications:

    1. May equal Application Sender ID (or SPARCS Collector Code).

Data Element in Output Data Set: No

Note:

Previously the SPARCS Collector Code was also reported in the ISA06 and ISA08 positions. You may continue to report the SPARCS Collector Code in the ISA Header (ISA06, ISA08) and the GS02 positions, however the SPARCS Collector Code is only edited and collected from the NM109 data element in the 1000A Loop.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Application Receiver's Code

Format-Length: AN – 15

Data Edit Specifications			
AS	ED	IP	OP
N	N	N	N

Effective Date: May 2003

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	GS	GS03	124		Application Receiver's Code
5010R	HEADER				

Paper Form	Locator	Code Qualifier	Description	
Institutional - UB-04			Does not apply - needed only for electronic submission	

Definition:

Code identifying the party receiving the transmission; codes agreed to by trading partners. Use this code to identify the unit receiving the information.

Codes and Values:

1. Equals "SPARCS" = Statewide Planning and Research Cooperative System.

Edit Applications:

1. May use the acronym "SPARCS".

Data Element in Output Data Set: No

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Functional Group Date	Data Edit Specifications			
	AS	ED	IP	OP
Format-Length: DT – 8	N	N	N	N

Effective Date: May 2003   **Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	GS	GS04	373		Functional Group Date
5010R	HEADER				

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04			Does not apply - needed only for electronic submission

Definition:

Code identifying the functional group creation date.

Codes and Values:

1. The actual date of the functional group entered in the CCYYMMDD format.

Edit Applications:

1. Should be in format CCYYMMDD.

2. May equal Functional Group Date.

Data Element in Output Data Set: No

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Functional Group Time

Data Edit Specifications			
AS	ED	IP	OP
N	N	N	N

Format-Length: TM – 8

Effective Date: May, 2003　　　　　　　　　　　　　　　　　**Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	GS	GS05	337	TM	Group Time
5010R	HEADER				

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04			Does not apply - needed only for electronic submission

Definition:

Code used to identify the functional group creation time.

Codes and Values:

1. The actual time of the Functional Group.

Edit Applications:

1. Should be in the format HHMM.

2. May equal functional group time.

Data Element in Output Data Set: No

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Group Control Number	Data Edit Specifications			
	AS	ED	IP	OP
Format-Length: AN – 9	N	N	N	N

Effective Date: May, 2003   **Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	GS	GS06	28		Group Control Number
5010R	HEADER				

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04			Does not apply - needed only for electronic submission

Definition:

The assigned number originated and maintained by the sender. GS06 must be unique within a single transmission (that is, within a single ISA to IEA enveloping structure). It is recommended that GS06 be unique within all transmissions over a period of time to be determined by the sender.

Codes and Values:

1. Equals Group Control Number.

Edit Applications:

1. May equal Group Control Number.

2. The data interchange control number GS06 must be identical to the same data element in the associated functional group trailer, GE02.

Data Element in Output Data Set: No

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Responsible Agency Code	Data Edit Specifications			
	AS	ED	IP	OP
Format-Length: ID – 2	R	R	R	R

Effective Date: May, 2003

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	GS	GS07	455	X	Accredited Standards Committee
5010R	HEADER				X12
Paper Form	**Locator**	**Code Qualifier**	**Description**		
Institutional - UB-04			Does not apply - needed only for electronic submission		

Definition:

Code identifying the issue of the standard; this code is used in conjunction with GS08 (version/Release/Industry Identifier Code)

Codes and Values:

    1. "X" = Accredited Standards Committee X12

Edit Applications:

    1. Must equal "X"

Data Element in Output Data Set: No

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Version Identifier Code

Format-Length: AN – 12

Data Edit Specifications			
AS	ED	IP	OP
R	R	R	R

Effective Date: May 2003

Revision Date: July 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	GS	GS08	480	See	Version/Release/Industry Identifier
5010R	HEADER			below	Code

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04	N/A	N/A	Does not apply - needed only for electronic submission

Definition:

Code indicating the version, release, sub release, and industry identifier of the EDI standard used. This is the unique version/release/industry identifier code assigned to implementation by X12N. Must be a valid code in accordance with the appropriate ASC X12 Version being used to submit the data.

Codes and Values:

1. Version 4050R only:

"004050X156" = the X12 Version 4050R (Reporting). (Expires on January 1, 2012).

2. Version 5010R only:

"005010X225A1"
        or
"005010X225E1"
        or
"005010X225A2"

The X12 Version 5010R (Reporting). Standards Approved for Publication by ASC X12 Procedures Review Board.

Edit Applications:

1. Must equal valid Version Identifier Code.

Data Element in Output Data Set: No

Note:

The value of the Version Identifier Code (GS08) and the value of the Interchange Control Version number (ISA12) must relate to one another.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Transaction Set Identifier Code

Data Edit Specifications			
AS	ED	IP	OP
N	N	N	N

Format-Length: ID - 3

Effective Date: May 2003   **Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	ST	ST01	143		Transaction Set Identifier Code
5010R	HEADER				

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04			Does not apply - needed only for electronic submission

Definition:

Code uniquely identifying a transaction set.

Codes and Values:

1. "837" = Health Care Claim

Edit Applications:

1. May equal "837".

Data Element in Output Data Set: No

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Transaction Set Control Number

Format-Length: AN - 9

Data Edit Specifications			
AS	ED	IP	OP
N	N	N	N

Effective Date: May 2003   **Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	ST	ST02	329		Transaction Set Control Number
5010R	HEADER				

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04			Does not apply - needed only for electronic submission

Definition:

Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set.

Codes and Values:

1. The actual Transaction Set Control Number.

Edit Applications:

1. May equal Transaction Set Control Number.

Data Element in Output Data Set: No

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Hierarchical Structure Code

Format-Length: ID-4

Data Edit Specifications			
AS	ED	IP	OP
R	R	R	R

Effective Date: May 2003   **Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	BHT	BHT01	1005	0019	Hierarchical Structure Code
5010R	HEADER				

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04			Does not apply - needed only for electronic submission

Definition:

Code indicating the hierarchical application structure of a transaction set that utilizes the HL segment to define the structure of the transaction set.

Codes and Values:

1. "0019" = Information Source, Subscriber, Dependent.

Edit Applications:

1. Must equal "0019".

Data Element in Output Data Set: No

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Transaction Set Purpose Code

Format-Length: ID – 2

Data Edit Specifications			
AS	ED	IP	OP
R	R	R	R

Effective Date: May 2003

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	BHT	BHT02	353	See	Transaction Set Purpose Code
5010R	HEADER			Below	
Paper Form	**Locator**	**Code Qualifier**	**Description**		
Institutional - UB-04			Does not apply - needed only for electronic submission		

Definition:

Code identifying the purpose of a transaction set, and is intended to convey the electronic transmission status of the 837 batch contained in the ST - SE envelope. The Transaction Set Purpose Code is comprised of original and Reissue transmissions. Original transmissions are transmissions which have never been sent to the receiver, and Reissue Transmissions indicate previously submitted transmissions that were disrupted.

Codes and Values:

"00" = Original (electronic status, not billing status)
   The original transmissions are transmissions which have never been sent to the receiver.

"18" = Reissue (electronic status, not billing status)
   If a transmission was disrupted and the receiver requests a retransmission, the sender uses "reissue"
   to indicate the transmission has been previously sent.

Edit Applications:

1. Must equal "00" or "18"

Data Element in Output Data Set: No

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: File Sequence and Serial Number

Format-Length: AN - 7

Data Edit Specifications			
AS	ED	IP	OP
N	N	N	N

Effective Date: January 1994

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R 5010R	BHT HEADER	BHT03	127		Originator Application Transaction Identifier

Paper Form	Locator	Code Qualifier	Description		
Institutional - UB-04			Does not apply – needed only for Electronic submission		

Definition:

The inventory file number of the transmission assigned by the submitter's system. This number operates as a batch control number.

Codes and Values:

    1. Equals File Sequence and Serial Number.

Edit Applications:

    1. May equal File Sequence and Serial Number.

    2. Must not equal zero or blanks.

Data Element in Output Data Set: No

Note: X12-837 notes that this field is limited to 30 characters.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Processing Date

Format-Length: DT - 8

Data Edit Specifications			
AS	ED	IP	OP
N	N	N	N

Effective Date: January 1994

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	BHT	BHT04	373		Transaction Set Creation Date
5010R	HEADER				CCYYMMDD
Paper Form	**Locator**	**Code Qualifier**	**Description**		
Institutional - UB-04			Does not apply – needed only for Electronic submission		

Definition:

The date the facility created the file to submit to SPARCS.

Codes and Values:

1. Equals the actual date of the Transaction Set Creation.

Edit Applications:

1. Should be in the format CCYYMMDD.

2. May equal Transaction Set Creation Date.

3. Should be date in accordance with the Date Edit Validation Table in Appendix A.

Data Element in Output Data Set: No

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Processing Time

Format-Length: TM – 8

Data Edit Specifications			
AS	ED	IP	OP
N	N	N	N

Effective Date: May 2003

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	BHT		337		Transaction Set Creation Time
5010R	HEADER	BHT05			
Paper Form	Locator	Code Qualifier	Description		
Institutional - UB-04	N/A	N/A	Does not apply - needed only for electronic submission		

Definition:

The time the transaction was created within the submitter's business application system.

Codes and Values:

1. Equals the actual Transaction Set Creation Time.

Edit Applications:

1. Should be in HHMM format.

2. May equal the Transaction Set Creation Time.

Data Element in Output Data Set: No

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Entity Identifier Code for Submitter

Format-Length: ID - 3

Data Edit Specifications			
AS	ED	IP	OP
R	R	R	R

Effective Date: May 2003

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R 5010R	1000A	NM101	98	41	Entity Identifier Code

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04			Does not apply - needed only for electronic submission

Definition:

Code identifying an organizational entity, a physical location, property or an individual.

Codes and Values:

1. "41" = Submitter.

Edit Applications:

1. Must equal "41"

Data Element in Output Data Set: No

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Entity Type Qualifier for Submitter

Format-Length: ID - 1

Data Edit Specifications			
AS	ED	IP	OP
R	R	R	R

Effective Date: May, 2003

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R 5010R	1000A	NM102	1065	2	Entity Type Qualifier

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04			Does not apply - needed only for electronic submission

Definition:

Code qualifying the type of entity.

Codes and Values:

1. "2" = Non-Person Entity Qualifier.

Edit Applications:

1. Must equal "2".

Data Element in Output Data Set: No

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Submitting Organization Name (Previously Submitter Name)	Data Edit Specifications			
	AS	ED	IP	OP
Format-Length: AN - 21	N	N	N	N

Effective Date: May 2003   **Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	1000A	NM103	1035		Submitter Organization Name
5010R					
Paper Form	Locator	Code Qualifier	Description		
Institutional - UB-04	N/A	N/A	Does not apply - needed only for electronic submission		

Definition:

The name of the facility or vendor (data collector) submitting the SPARCS data. This name must correspond with the SPARCS Collector Code.

Codes and Values:

1. Equals the submitting organization name in accordance with the SPARCS Facility Profile Reference File maintained by the SPARCS Administrative Unit.

Edit Applications:

1. May equal the submitting organization name.

Data Element in Output Data Set: No

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Submitter Identifier Qualifier

Format-Length: ID - 2

Data Edit Specifications			
AS	ED	IP	OP
R	R	R	R

Effective Date: May 2003

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R 5010R	1000A	NM108	66	46	Identification Code Qualifier

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04			Does not apply - needed only for electronic submission

---

Definition:

This is a qualifier code designating the system/method of code structure.

Codes and Values:

1. "46" = Electronic Submitter Identification Number (ETIN).

Edit Applications:

1. Must equal "46".

Data Element in Output Data Set: No

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: SPARCS Collector Code

Format-Length: AN - 3

Data Edit Specifications			
AS	ED	IP	OP
R	R	R	R

Effective Date: January 1, 1994

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	1000A	NM109	67		Submitter Identifier
5010R					

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04			Does not apply – needed only for Electronic submission

Definition:

The three-digit identification number used to identify the hospital or vendor (data collector) submitting the data. This code must correspond with the Submitter Name.

Codes and Values:

1. Must be a valid code in accordance with the SPARCS Facility Profile Reference File maintained by the SPARCS Administrative Unit.

Edit Applications:

1. Must equal SPARCS Collector Code.

2. Must correspond to the appropriate facility identifier.

Data Element in Output Data Set: No

Note:

Previously the SPARCS collector code was also reported in the ISA06, ISA08 and GS02 positions. You may continue to report the SPARCS collector code in these positions, however the only position that the collector code is edited and collected from is the NM109 in the 1000A loop.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Contact Function Code

Format-Length: ID – 2

Data Edit Specifications			
AS	ED	IP	OP
N	N	N	N

Effective Date: May, 2003   **Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	1000A	PER01	366	IC	Contact Function Code
5010R					

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04			Does not apply - needed only for electronic submission

Definition:

Code identifying the major duty or responsibility of the person or group named.

Codes and Values:

1. "IC" = Information Contact

Edit Applications:

1. May equal "IC".

Data Element in Output Data Set: No

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Submitter Contact Person

Format-Length: AN – 21

Data Edit Specifications			
AS	ED	IP	OP
N	N	N	N

Effective Date: May,2003

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R 5010R	1000A	PER 02	93		Submitter Contact Name

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04			Does not apply - needed only for electronic submission

Definition:

This is the name of the person or office that works for the submitting organization. It should be used to direct the NYS DOH staff to the proper person/office for communication on the SPARCS submission. This name is different than the "Submitting Organizational Name" (NM1 - Loop 1000A).

Codes and Values:

1 Name of submitter contact person.

Edit Applications:

1. May equal name of submitter contact person.

Data Element in Output Data Set: No

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Communication Number Qualifier

Format-Length: ID - 2

Data Edit Specifications			
AS	ED	IP	OP
N	N	N	N

Effective Date: May 2003

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	1000A	PER 03	365	See below	Communication Number
5010R					Qualifier

Paper Form	Locator	Code Qualifier	Description		
Institutional - UB-04			Does not apply - needed only for electronic submission		

Definition:

Code identifying the type of communication number.

Codes and Values:

1. Version 4050R:

   "ED" = Electronic Data Interchange Access Number (4050 only)

   "EM" = Electronic Mail

   "FX" = Facsimile

   "TE" = Telephone

2. Version 5010R:

   "EM" = Electronic Mail

   "FX" = Facsimile

   "TE" = Telephone

Edit Applications:

1. May equal "ED" (4050R only), "EM", "FX", or "TE".

Data Element in Output Data Set: No

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Communication Number

Format-Length: AN – 256

Data Edit Specifications			
AS	ED	IP	OP
N	N	N	N

Effective Date: May 2003

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	1000A	PER04	364		Communication Number
5010R					

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04			Does not apply - needed only for electronic submission

Definition:

Complete communications number including country or area code when applicable.

Codes and Values:

1. Equals Communication Number.

Edit Applications:

1. May equal Communication Number.

Data Element in Output Data Set: No

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Identification Code Qualifier for Receiver	Data Edit Specifications			
	AS	ED	IP	OP
Format-Length: ID – 3	N	N	N	N

Effective Date: May 2003

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R, 5010R	1000B	NM101	98	40	Identification Code Qualifier

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04			Does not apply - needed only for electronic submission

Definition:

Code identifying an organizational entity, a physician location or property.

Codes and Values:

1. "40" = Receiver

Edit Applications:

1. May equal "40".

Data Element in Output Data Set: No

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Entity Type Qualifier for Receiver

Data Edit Specifications			
AS	ED	IP	OP
N	N	N	N

Format-Length: ID- 1

Effective Date: May 2003

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data	Code	X-12 Data Element Name
Version 4050R	1000B	NM102	Element	2	Entity Type Qualifier
5010R			1065		

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04	N/A	N/A	Does not apply - needed only for electronic submission

Definition:

Code identifying the organization's name.

Codes and Values:

    1. "2" = Non-Person Entity

Edit Applications:

    1. May equal "2"

Data Element in Output Data Set: No

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Receiver Organization Name

Format-Length: AN – 60

Data Edit Specifications			
AS	ED	IP	OP
N	N	N	N

Effective Date: May 2003   **Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	**X12 Loop**	**Ref. Des.**	**Data Element**	**Code**	**X-12 Data Element Name**
Version 4050R	1000B	NM103	1035		Receiver Organization Name
5010R					
Paper Form	**Locator**	**Code Qualifier**	**Description**		
Institutional - UB-04			Does not apply - needed only for electronic submission		

Definition:

Receiving organization name.

Codes and Values:

    1. Equals SPARCS.

Edit Applications:

    1. May equal SPARCS.

Data Element in Output Data Set: No

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Information Receiver Identification Number

Format-Length: ID – 2

Data Edit Specifications			
AS	ED	IP	OP
N	N	N	N

Effective Date: May 2003

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R 5010R	1000B	NM108	66	46	Information Receiver Identification Number

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04			Does not apply - needed only for electronic submission

Definition:

Code designating the system/method of code structure used for Receiver Identification Code.

Codes and Values:

1. "46" = Electronic Transmitter Identification Number (ETIN)

Edit Applications:

1. May equal "46".

Data Element in Output Data Set: No

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Receiver Primary Identifier

Format-Length: AN – 80

Data Edit Specifications			
AS	ED	IP	OP
N	N	N	N

Effective Date: May 2003

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	1000B	NM109	67		Receiver Primary
5010R					Identification/Identifier

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04			Does not apply - needed only for electronic submission

Definition:

Code identifying a party or other code.

Codes and Values:

    1. Equals Receiver Primary Identifier.

Edit Applications:

    1. May equal Receiver Primary Identifier.

Data Element in Output Data Set: No

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Hierarchical ID Number

Format-Length: N- 12

Data Edit Specifications			
AS	ED	IP	OP
R	R	R	R

Effective Date: May 2003

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2000A	HL01	628		Hierarchical ID Number
5010R					

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04	N/A	N/A	Does not apply - needed only for electronic submission

---

Definition:

A unique number assigned by the sender to identify a particular data segment in a hierarchical structure. HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set.

Codes and Values:

1. Equals Hierarchical ID Number.

Edit Applications:

1. Must begin with "1" for the first HL01 in the transaction and be incremented by 1 each time an HL is used within the transaction.

2. Only numeric values are allowed in HL01.

3. The same value should also be reported in every subordinate Subscriber Hierarchical Level HL02.

Data Element in Output Data Set: No

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Hierarchical Level Code

Format-Length: ID - 2

Data Edit Specifications			
AS	ED	IP	OP
R	R	R	R

Effective Date: May 2003

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2000A	HL03	735	20	Hierarchical Level Code
5010R					

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04			Does not apply - needed only for electronic submission

Definition:

Code defining the characteristic of a level in a hierarchical structure. HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction.

Codes and Values:

1. "20" = Information Source

Edit Applications:

1. Must equal "20".

Data Element in Output Data Set: No

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Hierarchical Child Code

Format-Length: ID- 1

Data Edit Specifications			
AS	ED	IP	OP
R	R	R	R

Effective Date: May 2003

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R 5010R	2000A	HL04	736	1	Hierarchical Child Code

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04			Does not apply - needed only for electronic submission

Definition:

Code indicating if there are hierarchical child data segments subordinate to the level being described.

Codes and Values:

1. "1" = Additional subordinate HL Data Segment in This Hierarchical Structure.

Edit Applications:

1. Must equal "1"

Data Element in Output Data Set: No

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Entity Identifier Code for Service Provider

Format-Length: ID - 3

Data Edit Specifications			
AS	ED	IP	OP
R	R	R	R

Effective Date: May 2003

Revision Date: July 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2010AA	NM101	98	SJ	Entity Identifier Code for Service
5010R					Provider
Paper Form	**Locator**	**Code Qualifier**	**Description**		
Institutional - UB-04			Does not apply - needed only for electronic submission		

Definition:

Code identifying an organizational entity, a physical location or property.

Codes and Values:

1. "SJ" = Service Provider or
   "85" = Billing Provider

Edit Applications:

1. Must equal "SJ" or "85".

Data Element in Output Data Set: No

Note:

"85" is used in Version 5010 I (Institutional).

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Entity Type Qualifier for Service Provider

Format-Length: ID- 1

Data Edit Specifications			
AS	ED	IP	OP
R	R	R	R

Effective Date: May 2003

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R 5010R	2010AA	NM102	1065	2	Entity Type Qualifier

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04			Does not apply - needed only for electronic submission

Definition:

Code qualifying the type of entity.

Codes and Values:

1. "2" = Non-Person Entity

Edit Applications:

1. Must equal "2"

Data Element in Output Data Set: No

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Service Provider Organization Name

Data Edit Specifications			
AS	ED	IP	OP
N	N	N	N

Format-Length: AN – 60

Effective Date: May 2003

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R 5010R	2010AA	NM103	1035		Service Provider Organization Name

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04			Does not apply - needed only for electronic submission

Definition:

This can be the last name of your service provider or the organization name.

Codes and Values:

1. Service Provider Organization Name

Edit Applications:

1. May equal Service Provider Organization Name.

Data Element in Output Data Set: No

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Billing National Provider Identification Number (NPI) Qualifier

Format-Length: ID - 2

Data Edit Specifications			
AS	ED	IP	OP
R	R	R	R

Effective Date: January 1, 1994   **Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R 5010R	2010AA	NM108	66	XX	Identification Code Qualifier

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04		N/A	

Definition:

Code designating the system/method of code structure used for Identification Code. Required for billing providers in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider is eligible to receive an NPI.

Codes and Values:

1. "XX" = Centers for Medicare and Medicaid Services/National Provider Identifier.

Edit Applications:

1. Must equal "XX".

Data Element in Output Data Set: No

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Billing National Provider Identification Number (NPI) (Previously Provider Identification Number)	Data Edit Specifications			
	AS	ED	IP	OP
Format-Length: AN - 13	R	R	R	R

Effective Date: January 1, 1994   **Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R 5010R	2010AA	NM109	67		Service Provider Identifier
Paper Form	Locator	Code Qualifier	Description		
Institutional - UB-04	56	N/A			

Definition:

The unique identification number assigned to the provider submitting the bill. Required for billing providers in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider is eligible to receive and NPI. Required when reporting for Centers for Medicare and Medicaid Services.

Codes and Values:

1. Equals facility's National Provider ID (NPI).

Edit Applications:

1. Must contain no embedded blanks.

2. Must be entered if Claim Filing Indicator Code is BL (Blue Cross/Blue Shield), Medicare (MA, MB or 16) or Medicaid (MC).

3. Must be entered if Source of Payment Typology I is:

   1xxxx Medicare
   2xxxx Medicaid

   Example: Source of Payment Typology I has a value of '219' (Medicaid Managed Care); a valid entry for "Billing Provider ID" must be made.

Data Element in Output Data Set: Yes

Note:

The NPI is ten numeric characters in length.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Reference Identification Qualifier for Service Provider
Secondary ID

Data Edit Specifications			
AS	ED	IP	OP
R	R	R	R

Format-Length: ID - 3

Effective Date: May 2003

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2010AA	REF01	128	1J	Reference Identification
5010R					Qualifier
Paper Form	**Locator**	**Code Qualifier**	**Description**		
Institutional - UB-04			Does not apply - needed only for electronic submission		

Definition:

Code qualifying the reference identification.

Codes and Values:

1. "1J" = Facility ID Number

Edit Applications:

1. Must equal "1J"

Data Element in Output Data Set: No

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: SPARCS Facility Identification Number

Format-Length: N - 5

Data Edit Specifications			
AS	ED	IP	OP
R	R	R	R

Effective Date: October 1999

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2010AA	REF02	127		Service Provider Secondary
5010R					Identification

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04	N/A	N/A	Does not apply - needed only for electronic submission

Definition:

The Department of Health's five (5) digit SPARCS Facility Identifier issued by the SPARCS Administrative Unit.

Department regulations state that services must be reported under the physical location where they are provided. Common ownership of different facilities does not change this requirement.

Codes and Values:

1. Equals SPARCS Facility Identifier.

Edit Applications:

1. Must be entered, if not, entire file will be rejected.

2. Files submitted via the Health Commerce System (HCS) must have data for only one SPARCS Facility Identifier.

Data Element in Output Data Set: Yes

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Hierarchical ID Number for Subscriber

Format-Length: AN – 12

Data Edit Specifications			
AS	ED	IP	OP
S	S	S	S

Effective Date: May 2003

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R 5010R	2000B	HL01	628		Hierarchical ID Number

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04			Does not apply - needed only for electronic submission

---

Definition:

A unique number assigned by the sender to identify a particular data segment in a hierarchical structure.
HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set.

Codes and Values:

1. Equals Hierarchical ID Number

Edit Applications:

1. Must begin with 1 for the first HL01 within each ST-SE envelope in the transaction, and be incremented by 1 each time an HL is used within the transaction.

2. Only numeric values are allowed in HL01. The same value should also be reported in every subordinate Patient Hierarchical Level HL02.

Data Element in Output Data Set: No

Note:

The HL Subscriber Hierarchical Level (Loop 2000B) is used when the subscriber IS the patient. When the subscriber is NOT the patient, then Loop 2000C is used.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Hierarchical Parent ID Number for Subscriber

Format-Length: AN – 12

Data Edit Specifications			
AS	ED	IP	OP
S	S	S	S

Effective Date: May 2003

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R 5010R	2000B	HL02	734		Hierarchical Parent ID Number

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04			Does not apply - needed only for electronic submission

Definition:

The code which identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.

Codes and Values:

1. Equals Hierarchical Parent ID Number

Edit Applications:

1. Must contain the same value as the parent Service Provider Hierarchical Level HL01 (Loop 2000A).

Data Element in Output Data Set: No

Note:

The HL Subscriber Hierarchical Level (Loop 2000B) is used when the subscriber IS the patient. When the subscriber is NOT the patient, then Loop 2000C is used.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Hierarchical Level Code for Subscriber

Format-Length: ID - 2

Data Edit Specifications			
AS	ED	IP	OP
S	S	S	S

Effective Date: May 2003

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2000B	HL03	735	22	Hierarchical Level Code
5010R					
Paper Form	Locator	Code Qualifier	Description		
Institutional - UB-04			Does not apply - needed only for electronic submission		

Definition:

Code defining the characteristic of a level in a hierarchical structure. HL 03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. It is also used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.

Codes and Values:

1. "22" = Subscriber

Edit Applications:

1. Must equal "22"

Data Element in Output Data Set: No

Note:

The HL Subscriber Hierarchical Level (Loop 2000B) is used when the subscriber IS the patient. When the subscriber is NOT the patient, then Loop 2000C is used.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Hierarchical Child Code for Subscriber

Format-Length: ID - 1

Data Edit Specifications			
AS	ED	IP	OP
S	S	S	S

Effective Date: May 2003

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2000B	HL04	736	See	Hierarchical Child Code
5010R				below	
Paper Form	**Locator**	**Code Qualifier**	**Description**		
Institutional - UB-04			Does not apply - needed only for electronic submission		

Definition:

Code indicating if there are hierarchical child data segments subordinate to the level being described.

Codes and Values:

1. "0" = No subordinate HL segment in this hierarchical structure.

   "1" = Additional subordinate HL data segment in this hierarchical structure.

Edit Applications:

1. Must equal "0" or "1"

Data Element in Output Data Set: No

Notes:

1. The HL Subscriber Hierarchical Level (2000B Loop) is used when the subscriber IS the patient. When the subscriber is NOT the patient, then Loop 2000C is used.

2. The claim (Loop ID-2300) can be used when HL04 has no subordinate levels (HL04=0) or when HL04 has subordinate levels indicated (HL04=1).

3. In the first case (HL04=0), the subscriber is the patient and there are no dependent claims.

4. The second case occurs when claims for one or more dependents of the subscriber are being sent under the same billing provider HL (for example, a spouse and son are both treated by the same provider). In that case the subscriber HL04=1 because there is at least one dependent to this subscriber. The dependent HL (spouse) would then be sent followed by the Loop ID-2300 for the spouse. The next HL would be the dependent HL for the son followed by the Loop ID-2300 for the son.

5. In order to send claims for the subscriber and one or more dependents, the subscriber HL, with Relationship Code SBR02=18 (self), would be followed by the subscriber's loop ID-2300 for the subscriber's claims. Then the subscriber HL would be repeated, followed by one or more Patient HL loops for the dependents, with the proper Relationship Code in PAT01, each followed by their respective Loop ID-2300 for each dependent's claims.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Payer Responsibility Sequence Number Code for Subscriber

Format-Length: ID – 1

Data Edit Specifications			
AS	ED	IP	OP
S	S	S	S

Effective Date: May 2003   **Revision Date:** February 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R 5010R	2000B	SBR01	1138	P	Payer Responsibility Sequence Number Code

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04			Does not apply - needed only for electronic submission.

Definition:

Code identifying the insurance carrier's level of responsibility for a payment of a claim. Within a given claim, the value for the Payer Responsibility Sequence Number Code may occur no more than once.

Codes and Values:

1. "P" = Primary

Edit Applications:

1. Must equal "P".

Data Element in Output Data Set: No

Note:

The SBR Subscriber Information Loop (Loop 2000B) is only processed and stored when the subscriber IS the patient.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Individual Relationship Code for Subscriber

Format-Length: ID - 2

Data Edit Specifications			
AS	ED	IP	OP
S	S	S	S

Effective Date: May 2003   **Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R **5010R**	2000B	SBR02	1069	18	Individual Relationship Code

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04			Does not apply - needed only for electronic submission.

Definition:

Code indicating the relationship between two individuals or entities required when the patient is the subscriber or is considered to be the subscriber. SBR02 specifies the relationship to the person insured.

Codes and Values:

1. "18" = Self

Edit Applications:

1. Must equal "18".

Data Element in Output Data Set: No

Note:

The SBR Subscriber Information Loop (Loop 2000B) is only processed and stored when the subscriber IS the patient.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Claim Filing Indicator Code
           (Previously Source of Payment)

Format-Length: ID – 2

Data Edit Specifications			
AS	ED	IP	OP
R	R	R	R

Effective Date: January 1, 1994   **Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R 5010R	2000B	SBR09	1032		Claim Filing Indicator Code

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04			Does not apply - needed only for electronic submission.

Definition:

The code which indicates the type of payment. The code listing below was obtained from the ASC X12N Technical Report Guide. You can report as many payers as needed within this loop. The first reported payer Claim Filing Indicator code must be associated with the primary payer

Codes and Values: (Bolded codes added with edit program 7/1/11).

"09" = Self-pay

"11" = Other Non-Federal Programs

"12" = Preferred Provider Organization (PPO)

"13" = Point of Service (POS)

"14" = Exclusive Provider Organization (EPO)

"15" = Indemnity Insurance

"16" = Health Maintenance Organization (HMO) Medicare Risk

"17" = Dental Maintenance Organization

"AM" = Automobile Medical

"BL" = Blue Cross/Blue Shield

"CH" = CHAMPUS

"CI" = Commercial Insurance Co.

"DS" = Disability

"FI" = Federal Employees Program

"HM" = Health Maintenance Organization

"LM" = Liability Medical

"MA" = Medicare Part A

"MB" = Medicare Part B

"MC" = Medicaid

"OF" = Other Federal Program (**Use "OF" when submitting Medicare Part D Claims.**)

"TV" = Title V

"VA" = Veterans Affairs Plan

"WC" = Workers' Compensation Health Claim

"ZZ" = Type of Insurance is not known.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Claim Filing Indicator Code (con't).

Edit Applications:

1. Must be valid value, if not, the record will be rejected.

2. The table below indicate the additional data items that are required, depending on the value in the Claim Filing Indicator Code:

   The Payer ID, Insured's Policy Number and Billing NPI are required when the Claim Filing Indicator (and Source of Payment Typology) are reported with a Medicaid or Medicare payer type.

Claim Filing Indicator Code	Payer ID	Insured's Policy Number	Billing NPI (Previously Provider ID
09, 11, 13, 14, 15, 17, AM, CH, DS, FI, HM, LM, OF, TV, VA, WC, ZZ	---------	-----------	--------
12, CI, HM	Required	Required IP only	--------
16, BL, MA, MB, MC	Required	Required IP only	Required

3. For the first Claim Filing Indicator reported this edit applies:

   Claim Filing Indicator   Source of Payment Typology (SOP)*
                                             Must equal:
   16, MA, MB   1xxxx
   MC   2xxxx

   * = SoP for Medicare and Medicaid must be reported with a minimum of two digits from the typology.

Data Element in Output Data Set: Yes

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Entity Identifier Code for Subscriber Name

Format-Length: ID - 3

Data Edit Specifications			
AS	ED	IP	OP
S	S	S	S

Effective Date: May 2003

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2010BA	NM101	98	IL	Entity Identifier Code
5010R					

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04			Does not apply - needed only for electronic submission.

Definition:

Code identifying an organizational entity, a physical location, property or an individual.

Codes and Values:

1. "IL" = Insured or Subscriber

Edit Applications:

1. Must equal IL.

Data Element in Output Data Set: No

Note:

The NM1 Subscriber Name Loop 2010BA is used and processed only when the subscriber IS the patient.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Entity Type Qualifier for Subscriber Name

Data Edit Specifications			
AS	ED	IP	OP
S	S	S	S

Format-Length: ID - 1

Effective Date: May 2003   **Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R 5010R	2010BA	NM102	1065	1	Entity Type Qualifier

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04			Does not apply - needed only for electronic submission.

Definition:

Code qualifying the type of entity.

Codes and Values:

1. "1" = Person

Edit Applications:

1. Must equal "1"

Data Element in Output Data Set: No

Note:

1. The NM1 Subscriber Name Loop 2010BA is used and processed when the subscriber IS the patient.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Subscriber Last Name

Format-Length: AN - 60

Data Edit Specifications			
AS	ED	IP	OP
N	N	N	N

Effective Date: May 2003

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R 5010R	2010BA	NM103	1035		Subscriber Last Name
Paper Form	Locator	Code Qualifier	Description		
Institutional - UB-04	08	N/A			

Definition:

Code identifying individual last name or organizational name. (This is not required for SPARCS reporting and will be ignored if reported).

Codes and Values:

1. Subscriber Last Name or masked. When it is not permissible to report this information due to state law, federal law, or regulation restrictions, a non-identifiable value should be reported.

Edit Applications:

1. May equal Subscriber last name or masked.

Data Element in Output Data Set: No

Note:

The NM1 Subscriber Name Loop 2010BA is used and processed when the subscriber IS the patient.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Subscriber First Name

Format-Length: AN - 35

Data Edit Specifications			
AS	ED	IP	OP
N	N	N	N

Effective Date: May 2003

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R 5010R	2010BA	NM104	1036		Subscriber First Name
Paper Form	Locator	Code Qualifier	Description		
Institutional - UB-04	08	N/A			

Definition:

Code identifying individual first name. (This is not required for SPARCS reporting and will be ignored if reported).

Codes and Values:

1. Subscriber First Name or masked.

Edit Applications:

1. May equal Subscriber First Name or masked.

Data Element in Output Data Set: No

Note:

The NM1 Subscriber Name Loop 2010BA is used and processed when the subscriber IS the patient.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Subscriber Middle Name or Initial

Format-Length: AN - 25

Data Edit Specifications			
AS	ED	IP	OP
N	N	N	N

Effective Date: May 2003

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2010BA	NM105	1037		Subscriber Middle Name
5010R					

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04	08	N/A	

Definition:

Code identifying the individual's middle name or initial. (This is not required for SPARCS reporting and will be ignored if reported).

Codes and Values:

1. Subscriber Middle Name or masked.

Edit Applications:

1. May equal Subscriber Middle Name or masked.

Data Element in Output Data Set: No

Note:

The NM1 Subscriber Name Loop 2010BA is used and processed when the subscriber IS the patient.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Identification Code Qualifier for Subscriber	Data Edit Specifications			
	AS	ED	IP	OP
Format-Length: ID - 2	S	S	S	S

Effective Date: May 2003   **Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2010BA	NM108	66	See	Identification Code Qualifier
5010R				below	
Paper Form	Locator	Code Qualifier	Description		
Institutional - UB-04			Does not apply - needed only for electronic submission.		

Definition:

Code designating the system/method of code structure used for Identification Code . This code is assigned by the payer.

Codes and Values:

1. Versions 4050R, 5010R

   "MI" = Member Identification Number.

2. Version 5010R Only

   "II" = Standard Unique Health Identifier for each individual in the United States

Edit Applications:

1. Versions 4050R and 5010R

   May equal "MI".

2. Version 5010R only

   May equal "II".

Data Element in Output Data Set: No

Note:

The NM1 Subscriber Name Loop 2010BA is used and processed when the subscriber IS the patient.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Insured's Policy Number for Subscriber
(Previously Policy Number)

Format-Length: AN - 19

Data Edit Specifications			
AS	ED	IP	OP
N	N	R	N

Effective Date: January 1992

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R 5010R	2010BA	NM109	67		Subscriber Primary Identifier
Paper Form	Locator	Code Qualifier	Description		
Institutional - UB-04	60	N/A			

Definition:

The unique identification number assigned by the payer to identify the patient.

Codes and Values:

1. <u>Payer</u>   <u>Type of Number</u>

   Blue Cross   Enter the information depending on specific Blue Cross Plan needs and contract requirement.

   CHAMPUS   Enter information depending on CHAMPUS regulations.

   Medicaid   Enter Medicaid Client Identification Number (CIN) of the insured or case head
                  Medicaid number shown on the Medicaid Identification Card.

   Medicare   Enter the patient's Medicare HIC number as shown on the Health Insurance Card, Certificate
                  of Award, Utilization Notice, Temporary Eligibility Notice, Hospital Transfer Form or as reported
                  by the Social Security Office.

2. For all other payer types, Commercial Insurers, etc. enter the insured's unique number assigned by the payer.

Edit Applications:

1. Inpatient only. Required if the first reported Claim Filing Indicator Code is 12, BL, CI, HM, Medicare (MA, MB or 16) or Medicaid (MC).

2. Inpatient only. Required if Source of Payment Typology I is Medicare (1xxxx) or Medicaid (2xxxx).

Data Element in Output Data Set: Yes, Inpatient Only

Note:

1. The NM1 Subscriber Name Loop (2010BA) is used when the subscriber IS the patient. When the subscriber is NOT the patient, then report the Insured's Policy Number as follows:

Version	X12 Loop	Ref. Des.
4050R Only	2010CA	NM109
5010R Only	2010CA	REF02

2. If SOP II and/or SOP III are reported with the Medicare or Medicaid values, then the Insured's Policy Number for the Secondary or other subscriber should be reported in the appropriate loop and segment.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Subscriber Address Line 1

Format-Length: AN - 18

Data Edit Specifications			
AS	ED	IP	OP
S	S	S	S

Effective Date: January 1, 1994

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2010BA	N301	166		Subscriber Address Line
5010R					
Paper Form	**Locator**	**Code Qualifier**	**Description**		
Institutional - UB-04	09a	N/A			

Definition:

The mailing address of the patient's principal residence at the time of admission/visit. Enter the street number, post office box number or RFD.

Codes and Values:

1. Use standard abbreviations as listed in Address Abbreviations in the Official United States Postal Service (USPS) Abbreviations Web site: www.usps.com/ncsc/lookups/usps_abbreviations.html

2. For homeless patients, "HOMELESS" should be coded.

Edit Applications:

1. Must be entered when the subscriber IS the patient.

2. If the subscriber is not the patient, then the information must be entered in the appropriate loop for the patient, if not, the record will be rejected.

3. Must not be blank for appropriate situation (subscriber is patient or subscriber is not patient).

Data Element in Output Data Set: Yes

Note:

The N3 Subscriber Address Loop 2010BA is used and processed when the subscriber IS the patient.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Subscriber Address Line 2

Format-Length: AN - 18

Data Edit Specifications			
AS	ED	IP	OP
N	N	N	N

Effective Date: January 1, 1994

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2010BA	N302	166		Subscriber Address Line
5010R					

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04	09a	N/A	

Definition:

The continuation of the mailing address of the patient's principal residence at the time of admission/visit.

Codes and Values:

1. Use standard abbreviations as listed in Address Abbreviations in the Official United States Postal Service (USPS) Abbreviations Web site: www.usps.com/ncsc/lookups/usps_abbreviations.html

Edit Applications:

1. Must be a valid entry.

2. If this field is not applicable, it must be blank.

Data Element in Output Data Set: Yes

Note:

The N3 Subscriber Address Loop 2010BA is used and processed when the subscriber IS the patient.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Subscriber City Name

Format-Length: AN - 15

Data Edit Specifications			
AS	ED	IP	OP
S	S	S	S

Effective Date: January 1, 1994   **Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2010BA	N401	19		Subscriber City Name
5010R					

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04	09b	N/A	

Definition:

The name of the city, town or village in which the patient's principal residence is located on the day of admission/visit.

Codes and Values:

1. Use standard city, town or village names approved by the U.S. Postal Service for mailing purposes.

2. For homeless patients, "HOMELESS" should be coded.

Edit Applications:

1. Must be entered when the subscriber IS the patient, if not, the record will be rejected.

2. If the subscriber is NOT the patient, then the information must be entered in the appropriate loop for the patient, if not, the record will be rejected.

Data Element in Output Data Set: Yes

Note:

The N4 "Subscriber City, State, Zip Code" Loop 2010BA is used and processed when the subscriber IS the patient.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Subscriber State

Format-Length: ID - 2

Data Edit Specifications			
AS	ED	IP	OP
S	S	S	S

Effective Date: January 1, 1994

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2010BA	N402	156		Subscriber State
5010R					

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04	09c	N/A	

Definition:

The capitalized two-letter abbreviation for the state in which the patient's principal residence is located on the day of admission, including US Territories, Commonwealths and Canadian Provinces.

Codes and Values:

1. Must be valid in accordance with the State Edit Validation Table in Appendix G. For a complete listing of "State Abbreviations" go to the Official United States Postal Service (USPS) Abbreviations Web site: www.usps.com/ncsc/lookups/usps_abbreviations.html

2. "99" = Homeless or Unknown

   "XX" = Other than United States.

Edit Applications:

1. Must be entered when the subscriber IS the patient, if not, the record will be rejected.

2. If the subscriber is NOT the patient, then the information must be entered in the appropriate loop for the patient, if not, the record will be rejected.

Data Element in Output Data Set: Yes

Note:

The N4 "Subscriber City, State, Zip Code" Loop 2010BA is used and processed when the subscriber IS the patient.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Subscriber Postal Code
(Previously Patient Postal Service Zip Code and Extension Code)

Data Edit Specifications			
AS	ED	IP	OP
S	S	S	S

Format-Length: AN - 9

Effective Date: January 1, 1994

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R 5010R	2010BA	N403	116		Subscriber Postal Zone or Zip Code

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04	09d	N/A	

Definition:

The Zip Code and Extension Code assigned by the Postal Service to the patient's principal residence at the time of admission or date of service.

Codes and Values:

1. For United States residences, this Data Element is divided into a five-digit Zip Code and a four-digit Extension Code. For Canadian residences, this Data Element is defined as a six character Zip Code and 3 character filler.

2. Must contain no embedded blanks.

3. "XXXXX" = Unknown

   "YYYYY" = Foreign Country (Other Than Canada)

4. Must be valid for the Patient County Code assigned to the patient's principal residence.

Edit Applications:

1. A minimum of a five-digit zip code is required for United States residences.

2. If Patient Postal Service Zip Code is "10000"-"14999" or "06390", Patient State must equal "NY", and Patient County Code must be "01"-"62" or "99".

3. Must be a valid code in accordance with the Zip/County Code Edit Validation Table in Appendix F.

4. Must be entered when the subscriber IS the patient, if not, the record will be rejected.

Data Element in Output Data Set: Yes

Note:

The N4 "Subscriber City, State, Zip Code" Loop 2010BA is used and processed when the subscriber IS the patient.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Location Qualifier for County

Format-Length: ID – 2

Data Edit Specifications			
AS	ED	IP	OP
S	S	S	S

Effective Date: May 2003

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2010BA	N405	309	CO	Location Qualifier
5010R					

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04			Does not apply - needed only for electronic submission

Definition:

Code identifying type of location.

Codes and Values:

    1. "CO" = County/Parish

Edit Applications:

    1. Must equal "CO"

    2. Must be entered when the subscriber IS the patient, if not, the record will be rejected.

Data Element in Output Data Set: No

Note:

The N4 "Subscriber City, State, Zip Code" Loop 2010BA is used and processed when the subscriber IS the patient.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Subscriber County Code

Data Edit Specifications			
AS	ED	IP	OP
S	S	S	S

Format-Length: N - 2

Effective Date: January 1, 1994

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R 5010R	2010BA	N406	310		Location Identifier
Paper Form	**Locator**	**Code Qualifier**	**Description**		
Institutional - UB-04	N/A	N/A			

Definition:

The code assigned to the county where the patient's principal residence is located on the day of admission or date of service.

Codes and Values:

1. Must be a valid two-digit numeric code in accordance with the Zip/County Code Edit Validation Table in Appendix F.

2. "99" = Homeless Patient

   "88" = Patient lives outside of New York State

Edit Applications:

1. Must be valid for the Patient Postal Service Zip Code and Extension Code assigned to the patient's principal residence, if not, the record will be rejected.

2. Must be compatible with Patient State. If the Patient County Code is in New York State (01-62), Patient State must equal "NY".

3. If a Patient County Code is outside New York State (88), Patient State must not equal "NY".

4. Must be entered when the subscriber IS the patient.

5. If the subscriber is NOT the patient, then the information must be entered in the appropriate loop for the patient, if not, the record will be rejected.

Data Element in Output Data Set: Yes

Note:

The N4 "Subscriber City, State, Zip Code" Loop 2010BA is used and processed when the subscriber IS the patient.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Subscriber Birth Date Qualifier

Format-Length: ID - 3

Data Edit Specifications			
AS	ED	IP	OP
S	S	S	S

Effective Date: October 1, 1998　　　　　　　　　　**Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2010BA	DMG01	1250	D8	Date Time Period Format
5010R					Qualifier

Paper Form	Locator	Code Qualifier	Description		
Institutional - UB-04					

Definition:

Code indicating the date format.

Codes and Values:

　　1. "D8" = Date expressed in format CCYYMMDD.

Edit Applications:

　　1. Must equal "D8".

　　2. If the subscriber IS the patient, then it must be entered, if not, the record will be rejected.

　　3. If the subscriber is NOT the patient, then the information must be entered in the appropriate loop for the patient, if not, the record will be rejected.

Data Element in Output Data Set:　No

Note:

The DMG Subscriber Demographic Information Loop 2010BA is used and processed when the subscriber IS the patient.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Subscriber Birth Date

Format-Length: N - 8

Data Edit Specifications			
AS	ED	IP	OP
S	S	S	S

Effective Date: October 1, 1998

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R 5010R	2010BA	DMG02	1251		Subscriber Birth Date
Paper Form	Locator	Code Qualifier	Description		
Institutional - UB-04	10	N/A			

Definition:

The date of the subscriber's birth.

Codes and Values:

1. Equals Subscribers Birth Date

Edit Applications:

1. Format must be CCYYMMDD in accordance with the Date Edit Validation Table in Appendix A.

2. Must not be after Admission Date / Start of Care.

3. If the subscriber IS the patient, then it must be entered, if not, the record will be rejected.

4. If the subscriber is NOT the patient, then the information must be entered in the appropriate Loop for the patient, if not, the record will be rejected.

Data Element in Output Data Set: Yes

Note:

The DMG Subscriber Demographic Information Loop 2010BA is used and processed when the subscriber IS the patient.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Subscriber Sex Code

Format-Length: ID - 1

Data Edit Specifications			
AS	ED	IP	OP
S	S	S	S

Effective Date: January 1, 1994

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R 5010R	2010BA	DMG03	1068	See below	Subscriber Gender Code

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04	11	N/A	Does not apply - needed only for electronic submission

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Definition:

The sex of the patient as recorded on the date of admission, ambulatory service or start of care.

Codes and Values:

1. "F" = Female

   "M" = Male

   "U" = Unknown

Edit Applications:

1. There are multiple relationship edits between Patient Sex and specific diagnosis and procedure codes, as defined by the ICD-9-CM reference file edit flags.

2. If the subscriber IS the patient, then sex must be entered, if not, the record will be rejected.

3. If the subscriber is NOT the patient, then the information must be entered in the appropriate Loop for the patient, if not, the record will be rejected.

Data Element in Output Data Set: Yes

Note:

The DMG Subscriber Demographic Information Loop (2010BA Loop) is used and processed when the subscriber IS the patient.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Race/Ethnicity Qualifier

Data Edit Specifications			
AS	ED	IP	OP
S	S	S	O

Format-Length: ID - 3

Effective Date: January 1, 1994   **Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2010BA	DMG05 - 2	1270	RET	Code List Qualifier Code
5010R					

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04	N/A	N/A	Does not apply - needed only for electronic submission

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Definition:

The DMG05 is a composite data element. Each composite section refers to a specific data element. The first element of the composite is the Component Element Separator. The Component Element Separator (ISA16) must be used before and after the composite data element DMG05-2. In addition, the Repetition Separator (ISA11) must be used between race and ethnicity. This is the code identifying a specific industry code list.

Codes and Values:

    1. "RET" = Classification of Race or Ethnicity

       Example: *DMG*D8*19880208*F**:**RET**:R5^:RET:E1*****~*

       Where ISA16 = "^" and ISA11 = ":"

Edit Applications:

    1. Must equal "RET".

    2. If the subscriber IS the patient, then the race and ethnicity qualifier must be entered appropriately.

    3. If the subscriber is NOT the patient, then the race and ethnicity qualifier must be entered in the appropriate Loop for the patient, if not, the record will be rejected.

    4. This is optional for "OP". It will be edited if submitted.

Data Element in Output Data Set: No

Notes:

1. DMG05 may repeat up to 10 times to accommodate state or federal requirements that allow individuals to report more than one race code along with the ethnicity code.

2. The DMG Subscriber Demographic Information Loop 2010BA is used and processed when the subscriber IS the patient.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Subscriber Race

Data Edit Specifications			
AS	ED	IP	OP
S	S	S	O

Format-Length: AN - 9

Effective Date: January 1, 1994

Revision Date: January 2014

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 5010R	2010BA	DMG05 - 3	1271	SEE BELOW	Subscriber Race

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04	81	B1	

Definition:
The code which best describes the race of the subscriber. The DMG05 is a composite data element. Each composite section refers to a specific data element. The first element is the Component Element Separator. This is the second element for race. There can be up to 10 race/ethnicity codes reported.

Codes and Values:

1. Equals a valid Race Code in accordance with the Race Codes in **Appendix RR**.

2. Up to ten selections of race and/or ethnicity may be reported.

Single Race Example: *DMG*D8*19880208*F**:RET:**R5**^:RET:E1.01******~*
Multiple Race Example: *DMG*D8*19880208*F**: RET:**R5**^:**R4.01.001**^:**R2.19**^:**R2.01**^:RET:E1.01******~*

Edit Applications:

1. Must be a valid Race Code in accordance with the Race Codes in **Appendix RR**.

2. If the subscriber IS the patient, then race must be entered, if not, the record will be rejected.

3. If the subscriber is NOT the patient, then the information must be entered in the 2010CA Loop for the patient, if not, the record will be rejected.
4. This is optional for "OP".

Data Element in Output Data Set: Yes

Notes:
1. DMG05 may repeat up to 10 times to accommodate state or federal requirements that allow individuals to report more than one race code along with the ethnicity code.

2. The DMG Subscriber Demographic Information Loop 2010BA is used and processed when the subscriber IS the patient.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Subscriber Ethnicity

Format-Length: AN - 9

Effective Date: January 1. 1994

Data Edit Specifications			
AS	ED	IP	OP
S	S	S	O

Revision Date: January 2014

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 5010R	2010BA	DMG05 - 3	1271	SEE BELOW	Subscriber Ethnicity

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04	81	B1	

Definition:

The code which best describes the ethnic origin of the subscriber. The DMG05 is a composite data element. Each composite section refers to a specific data element. The first element is the Component Element Separator. This is the second element for ethnicity. There can be up to 10 race/ethnicity codes reported.

Codes and Values:

1. Equals a valid Ethnicity Code in accordance with the Ethnicity Codes in **Appendix RR**.

Single Ethnicity Example: *DMG*D8*19880208*F**:RET:R5^:RET:**E1.01********~*
Multiple Ethnicity Example: *DMG*D8*19880208*F**: RET:R5^:RET:**E1.01^:E1.02********~*

Edit Applications:

1. Must be a valid Ethnicity Code in accordance with the Ethnicity Codes in **Appendix RR**.

2. If the subscriber IS the patient, then ethnicity must be entered, if not, the record will be rejected

3. If the subscriber is NOT the patient, then the information must be entered in the 2010CA Loop for the patient, if not, the record will be rejected.

4. This is optional for "OP".

Data Element in Output Data Set: Yes

Notes:

1. DMG05 may repeat up to 10 times to accommodate state or federal requirements that allow individuals to report more than one race code along with the ethnicity code.

2. The DMG Subscriber Demographic Information Loop 2010BA is used and processed when the subscriber IS the patient.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Reference Identification Qualifier for Subscriber Secondary ID	Data Edit Specifications			
	AS	ED	IP	OP
Format-Length: ID - 3	R	R	R	R

Effective Date: May 2003   **Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R 5010R	2010BA	REF01	128	ABB	Reference Identification Qualifier

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04			Does not apply - needed only for electronic submission.

Definition:

Code qualifying the Reference Identification.

Codes and Values:

1. "ABB" = Personal ID Number

Edit Applications:

1. Must equal "ABB"

2. If the subscriber IS the patient, then it must be entered, if not, the record will be rejected.

3. If the subscriber is NOT the patient, then the information must be entered in the appropriate Loop for the patient, if not, the record will be rejected.

Data Element in Output Data Set: No

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Unique Personal Identifier for Subscriber

Format-Length: AN - 10

Data Edit Specifications			
AS	ED	IP	OP
R	R	R	R

Effective Date: January 1, 1995 IP, January 1, 1997 AS
January 1, 2003 ED, January 1, 2010 OP

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2010BA	REF02	127		Subscriber Secondary Identifier
5010R					
Paper Form	Locator	Code Qualifier	Description		
Institutional - UB-04					

Definition:

A composite field comprised of portions of the patient last name, first name, and Social Security number. This field, in conjunction with the Patient Sex and the Patient Birth Date is designed to provide probabilistic matching criteria for individual patient records in longitudinal analyses without compromising the confidentiality of the record. The Unique Personal Identifier provides linkage capabilities for patient level discharges/visits. This data element is NOT to be confused with the Patient Control Number.

Below are the three individual components of this data element:

First two (2) and last two (2) characters of the patient's last name. The birth name of the patient is preferable if it is available on the facility's information system.

First two (2) characters of the patient's first name.

Last four (4) digits of the patient's Social Security number.

Codes and Values:

1. First and second components must be UPPERCASE alphabetic characters. If the last name is less than 4 characters, the first two and last two characters are used even if some characters are repeated.

2. Social Security number component must be numeric. If no Social Security Number is available, this component must be zeroes.

   Included below are examples of how to report some unusual scenarios. A three character last name, a two character last name, a name with junior, a one character first name, a last name with an apostrophe, and a hyphenated last name.

   Examples:

Full Name	Last 4 SS #	Comp 1	Comp 2	Reported as
Joe Tan	1234	TAAN	JO	TAANJO1234
Bill Su Jr.	4321	SUSU	BI	SUSUBI4321
E John Smith	0987	SMTH	EE	SMTHEE0987
Bob O'Brien	3456	OBEN	BO	OBENBO3456
Sue Jones-Davis	unknown	JOIS	SU	JOISSU0000

Edit Applications:

1. Each sub-field must contain a valid entry.

2. If the subscriber IS the patient, then it must be entered, if not, the record will be rejected.

3. If the subscriber is NOT the patient, then the information must be entered in the appropriate Loop for the patient, if not, the record will be rejected.

Data Element Name: Unique Personal Identifier for Subscriber (Con't)

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element in Output Data Set: Yes

Note:
Loop 2010BA is submitted when the subscriber IS the patient.
Loop 2010CA is submitted when the subscriber is NOT the patient.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Entity Identifier Code for Payer Name

Format-Length: ID - 3

Data Edit Specifications			
AS	ED	IP	OP
R	R	R	R

Effective Date: May 2003

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2010BC	NM101	98	PR	Entity Identifier Code
5010R	2010BB*	NM101	98	PR	

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04			Does not apply - needed only for electronic submission.

* = **Note**: Different Loop in 5010R

Definition:

Code identifying an organizational entity, a physical location, property or an individual.

Codes and Values

    1. "PR" = Payer

Edit Applications:

    1. Must equal "PR"

Data Element in Output Data Set: No

Note:

1. In the 4050R, the NM Payer Name Loop is the 2010BC. In the 5010R, the NM Payer Name Loop is the 2010BB.

2. The appropriate NM Payer Name Loop is used and processed when the subscriber IS the patient.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Entity Type Qualifier for Payer Name

Format-Length: ID – 1

Data Edit Specifications			
AS	ED	IP	OP
R	R	R	R

Effective Date: May 2003

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2010BC	NM102	1065	2	Entity Type Qualifier
5010R	2010BB*				

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04			Does not apply - needed only for electronic submission.

* = **Note**: Different Loop in 5010R

Definition:

Code qualifying the type of entity.

Codes and Values

1. "2" = Non-Person Entity

Edit Applications:

1. Must equal "2".

Data Element in Output Data Set: No

Note:

1. In the 4050R, the NM Payer Name Loop is the 2010B**C**. In the 5010R, the NM Payer Name Loop is the 2010BB.

2. The appropriate NM Payer Name Loop is used and processed when the subscriber IS the patient.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Payer Name

Format-Length: AN - 60

Data Edit Specifications			
AS	ED	IP	OP
N	N	N	N

Effective Date: May 2003   **Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2010BC	NM103	1035		Payer Name
5010R	2010BB*	NM103	1035		Payer Name

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04	N/A	N/A	Does not apply - needed only for electronic submission.

* = **Note**: Different Loop in 5010R

Definition:

Organizational name.

Codes and Values

1. Equals Payer Name

Edit Applications:

1. May equal Payer Name

Data Element in Output Data Set: No

Note:

1. In the 4050R, the NM Payer Name Loop is the 2010B**C**. In the 5010R, the NM Payer Name Loop is the 2010BB.

2. The appropriate NM Payer Name Loop is used and processed when the subscriber IS the patient.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Payer Identification Code Qualifier

Format-Length: ID - 2

Data Edit Specifications			
AS	ED	IP	OP
R	R	R	R

Effective Date: May 2003

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2010BC	NM108	66	See below	Identification Code Qualifier
5010R	2010BB*	NM108	66		

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04			Does not apply - needed only for electronic submission.

* = **Note**: Different Loop in 5010R

Definition:

Code designating the system/method of code structure used for Identification Code.

Codes and Values

1. "PI" = Payer Identification

 "XV" = Centers for Medicare and Medicaid Services Plan ID (formerly Health Care Financing Administration Plan ID)

Edit Applications:

1. Must equal "PI" or "XV".

Data Element in Output Data Set: No

Note:

1. In the 4050R, the NM Payer Name Loop is the 2010B**C**. In the 5010R, the NM Payer Name Loop is the 2010BB.

2. The appropriate NM Payer Name Loop is used and processed when the subscriber IS the patient.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Payer Identification Number

Format-Length: AN - 8

Data Edit Specifications			
AS	ED	IP	OP
S	S	S	S

Effective Date: May 2003

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2010BC	NM109	67	See below	Payer Identification Number
5010R*	2010BB*	NM109	67		

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04	51		

* = **Note**: Different Loop in 5010R

Definition:

The number identifying the payer organization associated with this sequence for which the provider might expect some payment of the bill.

Codes and Values

1. | **Payer** | | **Type of Number** |
   |---|---|---|
   | Blue Cross | = | Plan Number
Refer to Appendix L |
   | Commercial Insurers | = | NAIC or DOI Number
Refer to Appendix K
Commercial Insurance and HMO companies are regulated by the Department of Insurance (DOI) and issued either a NAIC or internal DOI numbers. In lieu of DOI numbers, DOH numbers are issued. Some billing situations require NEIC numbers to be reported. For additional information on these numbers, and specific HMO codes, refer to Appendix K. |
   | Medicaid | = | State Agency Assigned number to be determined.
Refer to Appendix O for Medicaid Managed Care Plan IDs. |
   | Medicare | = | Blue Cross Number or Commercial Insurer NAIC Number depending on intermediary |
   | CHAMPUS | = | NAIC Number |

2. If this field is not applicable it must be blank.

Edit Applications:

1. If Claim Filing Indicator Code 12, 16, BL, CI, HM, MA, MB, or MC, then Payer Identification is required and must be reported.

2. If Source of Payment Typology (SoP) is 21xxx (Medicaid Managed Care), then Payer Identification should equal a value from Appendix O.

Data Element in Output Data Set: Yes

Note:

In the 4050R, the NM Payer Name Loop is the 2010BC. In the 5010R, the NM Payer Name Loop is the 2010BB. The appropriate NM Payer Name Loop is used and processed when the subscriber IS the patient.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Secondary Payer Identification Qualifier
Format-Length: ID - 3

Data Edit Specifications			
AS	ED	IP	OP
O	O	O	O

Effective Date: May 2003   **Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2010BC	REF01	128	See below	Reference Identification Qualifier
5010R	2010BB*	REF01	128		

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04			Does not apply - needed only for electronic submission.

* = **Note**: Different Loop in 5010R

Definition:

Code qualifying the Reference Identification.

Codes and Values

1. "2U" = Payer Identification Number

2. "NF" = National Association of Insurance Commissioners (NAIC) Code

Edit Applications:

1. May equal "2U" or "NF"

Data Element in Output Data Set: No

Notes:

1. In the 4050R, the REF Payer Secondary Identification Loop is the 2010BC.

2. In the 5010R, the REF Payer Secondary Identification Loop is the 2010 BB.

3. The appropriate REF Payer Secondary Identification Loop is used and processed when the subscriber IS the patient.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Secondary Payer Identification Number
(Previously Payer Identification Number)

Format-Length: AN - 8

Data Edit Specifications			
AS	ED	IP	OP
O	O	O	O

Effective Date: May 2003

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2010BC	REF02	127		Secondary Payer Additional Identifier
5010R	2010BB*	REF02	127		
Paper Form	**Locator**	**Code Qualifier**	**Description**		
Institutional - UB-04	51				

* = Note: different Loop in 5010R

Definition:

The number identifying the secondary payer organization associated with this sequence for which the provider might expect some payment of the bill.

Codes and Values

1.

Payer		Type of Number
Blue Cross	=	Plan Number Refer to Appendix L
Commercial Insurers	=	NAIC or DOI Number Refer to Appendix K Commercial Insurance and HMO companies are regulated by the Department of Insurance (DOI) and issued either a NAIC or internal DOI numbers. In lieu of DOI numbers, DOH numbers are issued. Some billing situations require NEIC numbers to be reported. For additional information on these numbers, and specific HMO codes, refer to Appendix K.
Medicaid	=	State Agency Assigned number to be determined. Refer to Appendix O for Medicaid Managed Care Plan IDs.
Medicare	=	Blue Cross Number or Commercial Insurer NAIC Number depending on intermediary
CHAMPUS	=	NAIC Number

2. If this field is not applicable it must be blank.

Edit Applications:

1. If Claim Filing Indicator is 12, 16, BL, CI, HM, MA, MB, or MC, then Secondary Payer Identification should be reported.

2. If Source of Payment (SOP) is 1xxxx or 2xxxx then the appropriate Secondary Payer Identification should be reported.

Data Element in Output Data Set: Yes

Note:

In the 4050R, the NM Payer Name Loop is the 2010BC. In the 5010R, the NM Payer Name Loop is the 2010BB. The appropriate NM Payer Name Loop is used and processed when the subscriber IS the patient.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Patient Hierarchical ID Number

Format-Length: AN - 12

Data Edit Specifications			
AS	ED	IP	OP
S	S	S	S

Effective Date: May 2003

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R 5010R	2000C	HL01	628		Hierarchical ID Number

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04			Does not apply - needed only for electronic submission.

Definition:

A unique number assigned by the sender to identify a particular data segment in a hierarchical structure. The purpose of this hierarchical level ID number is to identify the dependencies between the patient and subscriber. This ID number is used when the subscriber is NOT the patient.

Codes and Values

1. Equals Patient Hierarchical ID Number

2. HL01 shall contain a unique numeric value for each occurrence of the HL segment in the transaction set.

3. The first HL01 in the transaction must begin with 1, and be incremented by 1 each time an HL is used within the transaction.

Edit Applications:

1. Must begin with 1, and be incremented by 1 for each transaction and with numeric values only.

2. Only numeric values are allowed in HL01.

3. If the subscriber is not the same as the patient, Loop 2000C must be used for the patient information. If the subscriber is the same as the patient, Loop 2000C is not sent.

4. HL01 must contain the same value as the parent Subscriber Hierarchical Level HL01 in Loop 2000B.

Data Element in Output Data Set: No

Note:

If the patient IS NOT the subscriber, then the information must be entered in this loop. This loop is for when the patient is not the subscriber.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Hierarchical Parent ID Number for Patient

Format-Length: AN - 12

Data Edit Specifications			
AS	ED	IP	OP
S	S	S	S

Effective Date: May 2003   **Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R 5010R	2000C	HL02	734		Hierarchical Parent ID Number

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04			Does not apply - needed only for electronic submission.

Definition:

HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.

Codes and Values

1. Equals Hierarchical Parent ID Number for Patient.

Edit Applications:

1. Must contain the same value as the parent subscriber Hierarchical Level HL02 in Loop 2000B.

Data Element in Output Data Set: No

Note:

If the patient IS NOT the subscriber, then the information must be entered in this loop. This loop is for when the patient is not the subscriber.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Patient Hierarchical Level Code

Format-Length: ID - 2

Data Edit Specifications			
AS	ED	IP	OP
S	S	S	S

Effective Date: May 2003

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2000C	HL03	735	See	Hierarchical Level Code
5010R				below	

Paper Form	Locator	Code Qualifier	Description		
Institutional - UB-04			Does not apply - needed only for electronic submission.		

Definition:

Code defining the characteristic of a level in a hierarchical structure. HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction.

Codes and Values

1. "PT" = Patient (Version 4050R only)

2. "23" = Dependent (Version 5010R only). The code "dependent" conveys the information in this HL applies to the patient when the subscriber and the patient are not the same person.

   * Codes differ between 837 I versions.

Edit Applications:

Version 4050 R:
1. Must equal "PT".

Version 5010R:
2. Must equal "23".

Data Element in Output Data Set: No

Note:

If the patient IS NOT the subscriber, then the information must be entered in this loop. This loop is for when the patient is not the subscriber.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Hierarchical Child Code for Patient

Format-Length: ID - 1

Data Edit Specifications			
AS	ED	IP	OP
S	S	S	S

Effective Date: May 2003   **Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R 5010R	2000C	HL04	736	0	Hierarchical Child code

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04			Does not apply - needed only for electronic submission.

Definition:

Code indicating if there are hierarchical child data segments subordinate to the level being described.

Codes and Values

1. "0" = No subordinate HL segment in this Hierarchical Structure. The claim Loop ID 2300 can be used only when HL04 has no subordinate levels (HL04 = 0).

Edit Applications:

1. Must equal "0".

Data Element in Output Data Set: No

Note:

If the patient IS NOT the subscriber, then the information must be entered in this loop. This loop is for when the patient is not the subscriber.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Entity Identifier Code for Patient Name

Format-Length: ID – 3

Data Edit Specifications			
AS	ED	IP	OP
S	S	S	S

Effective Date: May 2003   **Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2010CA	NM101	98	QC	Entity Identifier Code

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04			Does not apply - needed only for electronic submission.

Definition:

Code Identifying an organizational entity, a physical location, property or an individual.

Codes and Values

1. "QC" = Patient

Edit Applications:

1. Must equal "QC".

Data Element in Output Data Set: No

Note:

If the patient IS NOT the subscriber, then the information must be entered in this loop. This loop is for when the patient is not the subscriber.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Entity Type Qualifier for Patient Name

Format-Length: ID – 1

Data Edit Specifications			
AS	ED	IP	OP
S	S	S	S

Effective Date: May 2003   **Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2010CA	NM102	1065	1	Entity Type Qualifier

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04			Does not apply - needed only for electronic submission.

Definition:

Code qualifying the type of entity.

Codes and Values

1. "1" = Person

Edit Applications:

1. Must equal "1"

Data Element in Output Data Set: No

Note:

If the patient IS NOT the subscriber, then the information must be entered in this loop. This loop is for when the patient is not the subscriber.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Patient's Last Name

Format-Length: AN - 60

Data Edit Specifications			
AS	ED	IP	OP
N	N	N	N

Effective Date: May 2003

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2010CA	NM103	1035		Patient Last Name

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04	FL08	N/A	

Definition:

Code Identifying individual's last name or organizational name. (This is not required for SPARCS reporting and will be ignored if reported).

Codes and Values

1. Patient Last Name or masked.

Edit Applications:

1. May equal Patient's Last Name or masked.

Data Element in Output Data Set: No

Note:

1. Although this is a requirement for UB-04 and the 837I Versions, SPARCS does not require name and prefers it be masked on the submission file. It will be ignored during processing.

2. If the patient IS NOT the subscriber, then the information must be entered in this loop. This loop is for when the patient is not the subscriber.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Patient First Name

Format-Length: AN - 35

Data Edit Specifications			
AS	ED	IP	OP
N	N	N	N

Effective Date: May 2003

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2010CA	NM104	1036		Patient's First Name or Masked

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04	FL08	N/A	

Definition:

Individual's first name. (This is not required for SPARCS reporting and will be ignored if reported).

Codes and Values

1. Patient's First Name or masked.

Edit Applications:

1. May equal Patient's First Name or masked.

Data Element in Output Data Set: No

Note:

1. Although this is a requirement for UB-04 and the 837I Versions, SPARCS does not require name and prefers it be masked on the submission file. It will be ignored during processing.

2. If the patient IS NOT the subscriber, then the information must be entered in this loop. This loop is for when the patient is not the subscriber.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Patient's Middle Name or Initial

Format-Length: AN-25

Data Edit Specifications			
AS	ED	IP	OP
N	N	N	N

Effective Date: May 2003

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	**X12 Loop**	**Ref. Des.**	**Data Element**	**Code**	**X-12 Data Element Name**
Version 4050R	2010CA	NM105	1037		Patient's Middle Name or Masked

Paper Form	**Locator**	**Code Qualifier**	**Description**
Institutional - UB-04	FL08	N/A	

Definition:

Individual middle name or initial masked. (This is not required for SPARCS reporting and will be ignored if reported).

Codes and Values:

1**.** Patient's Middle Name, initial, or masked.

Edit Applications:

1. May equal Patient's Middle Name, initial, or masked.

Data Element in Output Data Set: No

Notes:

1. Although this is a requirement for UB-04 and the 837I Versions, SPARCS does not require name and prefers it be masked on the submission file. It will be ignored during processing.

2. If the patient IS NOT the subscriber, then the information must be entered in this loop. This loop is for when the patient is not the subscriber.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Identification Code Qualifier for Patient Payer

Format-Length: AN-2

Data Edit Specifications			
AS	ED	IP	OP
N	N	S	N

Effective Date: October 1994   **Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2010CA	NM108	66	MI	Identification Code Qualifier

No longer used in 5010R

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04	N/A	N/A	Does not apply - needed only for electronic submission.

Definition:

Code designating the system/method of code structure used for Identification Code. This code is assigned by the payer.

Codes and Values:

1**. "MI"** = Member Identification Number (Version 4050R).

Edit Applications:

1. Must equal "MI".

Data Element in Output Data Set: No

Note:

1. This data element is not used in the 5010R.

2. If the patient IS NOT the subscriber, then the information must be entered in this loop. This loop is for when the patient is not the subscriber.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Insured Policy Number for Patient Name	Data Edit Specifications			
(Previously Policy Number)	AS	ED	IP	OP
Format-Length: AN - 19	N	N	R	N

Effective Date: January 1, 1992   **Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	**X12 Loop**	**Ref. Des.**	**Data Element**	**Code**	**X-12 Data Element Name**
Version 4050R ONLY	2010CA	NM109	67		Member Identification Number
No longer used in 5010					

Paper Form	**Locator**	**Code Qualifier**	**Description**
Institutional - UB-04	60		Does not apply - needed only for electronic submission.

Definition:

The unique identification number assigned by the payer to identify the patient.

Codes and Values:

1. <u>Payer</u>   <u>Type of Number</u>

   Blue Cross   Enter the information depending on specific Blue Cross Plan needs and contract requirement.

   CHAMPUS   Enter information depending on CHAMPUS regulations.

   Medicaid   Enter Medicaid Client Identification Number (CIN) of the insured or case head
                        Medicaid number shown on the Medicaid Identification Card.

   Medicare   Enter the patient's Medicare HIC number as shown on the Health Insurance Card, Certificate of
                        Award, Utilization Notice, Temporary Eligibility Notice, Hospital Transfer Form or as reported by the
                        Social Security Office.

2. For all other payer types, Commercial Insurers, etc. enter the insured's unique number assigned by the payer.

Edit Applications:

1. Inpatient only. Required if Claim Filing Indicator Code is 12, BL, CI, HM, Medicare (MA, MB or 16) or Medicaid (MC).

2. Inpatient only. Required if Source of Payment Typology I is Medicare (1xxxx) or Medicaid (2xxxx).

Data Element in Output Data Set: Yes, Inpatient Only

Note:

1. This data element is not used in the 5010R.

2. The NM1 Subscriber Name Loop (2010BA) is used when the subscriber IS the patient. When the subscriber is NOT the patient, then report the Insured's Policy Number as follows in this loop (2010CA):

<u>Version</u>	<u>X12 Loop</u>	<u>Ref. Des.</u>
4050R	2010CA	NM109
5010R	2010CA	REF02

2. If SOP II and/or SOP III are reported with the Medicare or Medicaid values, then the Insured's Policy Number for the Secondary or other subscriber should be reported in the appropriate loop and segment.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Patient Address Line 1

Format-Length: AN - 18

Data Edit Specifications			
AS	ED	IP	OP
S	S	S	S

Revision Date: March 2011

Effective Date: January 1, 1994

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2010CA	N301	166		Address Information
5010R					

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04	09a	N/A	

Definition:

The mailing address of the patient's principal residence at the time of admission/visit. Enter the street number, post office box number or RFD.

Codes and Values:

1. Use standard abbreviations as listed in Address Abbreviations in the Official United States Postal Service (USPS) Abbreviations Web site: www.usps.com/ncsc/lookups/usps_abbreviations.html

2. For homeless patients, "HOMELESS" should be coded.

Edit Applications:

1. Must be entered when the subscriber is NOT the patient. If not, the record will be rejected.

2. If the subscriber IS the patient, then the information must be entered in the appropriate loop for the patient, if not, the record will be rejected.

3. Must not be blank for appropriate situation (subscriber is patient or subscriber is not patient).

Data Element in Output Data Set: Yes

Note:

The N3 Patient Address Loop 2010CA is used and processed when the subscriber IS NOT the patient.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Patient Address Line 2

Format-Length: AN - 18

Data Edit Specifications			
AS	ED	IP	OP
N	N	N	N

Effective Date: January 1, 1994

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2010CA	N302	166		Address Information
5010R					

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04	09a	N/A	.

Definition:

The continuation of the street mailing address of the patient's principal residence at the time of admission/visit.

Codes and Values:

1. Use standard abbreviations as listed in Address Abbreviations in the Official United States Postal Service (USPS) Abbreviations Web site: www.usps.com/ncsc/lookups/usps_abbreviations.html

Edit Applications:

1. Should be a valid entry.

2. If this field is not applicable, it must be blank.

Data Element in Output Data Set: Yes

Note:

The N3 Patient Address Loop 2010CA is used and processed when the subscriber IS NOT the patient.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Patient City Name

Format-Length: AN - 15

Data Edit Specifications			
AS	ED	IP	OP
S	S	S	S

Effective Date: January 1, 1994   **Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R 5010R	2010CA	N401	19		City Name

Paper Form	Locator	Code Qualifier	Description.
Institutional - UB-04	09b	N/A	

Definition:

The name of the city, town or village of the patient's address on the day of admission/visit.

Codes and Values:

1. Use standard city, town or village names approved by the U.S. Postal Service for mailing purposes.

2. For homeless patients, "HOMELESS" should be coded.

Edit Applications:

1. Must be entered when the subscriber is NOT the patient. If not, the record will be rejected.

2. If the subscriber IS the patient, then the information must be entered in the appropriate loop for the patient, if not, the record will be rejected.

Data Element in Output Data Set: Yes

Note:

The N4 "Patient City, State, Zip Code" Loop 2010CA is used and processed when the subscriber IS NOT the patient.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Patient State

Data Edit Specifications			
AS	ED	IP	OP
S	S	S	S

Format-Length: ID - 2

Effective Date: October 1994 **Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2010CA	N402	156		State or Province Code
5010R					
Paper Form	Locator	Code Qualifier	Description		
Institutional - UB-04	09c	N/A			

Definition:

The capitalized two-letter abbreviation for the state in which the patient's principal residence is located on the day of admission/visit, including US Territories, Commonwealths and Canadian Provinces.

Codes and Values:

1. Must be valid in accordance with the State Edit Validation Table in Appendix G. For a complete listing of "State Abbreviations" go to the Official United States Postal Service (USPS) Abbreviations Web site: www.usps.com/ncsc/lookups/usps_abbreviations.html

2. "99" = Homeless or Unknown

   "XX" = Other than United States.

Edit Applications:

1. If the subscriber is NOT the patient, then it must be entered. If not, the record will be rejected.

2. If the subscriber IS the patient, then the information must be entered in the appropriate loop for the patient, if not, the record will be rejected.

Data Element in Output Data Set: Yes

Note:

The N4 "Patient City, State, Zip Code" Loop 2010CA is used and processed when the subscriber IS NOT the patient.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Patient Zip Code
(Previously Patient Postal Service Zip Code and Extension Code)

Format-Length: AN - 9

Data Edit Specifications			
AS	ED	IP	OP
S	S	S	S

Effective Date: January 1, 1994   **Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R 5010R	2010CA	N403	116		Postal Code

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04	09d	N/A	

Definition:

The Zip Code and Extension Code assigned by the Postal Service to the patient's principal residence at the time of admission or date of visit.

Codes and Values:

1. For United States residences, this Data Element is divided into a five-digit Zip Code and a four-digit Extension Code. For Canadian residences, this Data Element is defined as a six character Zip Code and 3 character filler.

2. Must contain no embedded blanks.

3. "XXXXX" = Unknown

   "YYYYY" = Foreign Country (Other Than Canada)

4. Must be valid for the Patient County Code assigned to the patient's principal residence.

Edit Applications:

1. A minimum of a five-digit zip code is required for United States residences.

2. Must be a valid code in accordance with the Zip/County Code Edit Validation Table in Appendix F.

3. If Patient Postal Service Zip Code is "10000"-"14999" or "06390", Patient State must equal "NY", and Patient County Code must be "01"-"62" or "99".

4. Must be entered when the subscriber is NOT the patient. If not, the record will be rejected.

5. If the subscriber IS the patient, then the information must be entered in the appropriate loop for the patient, if not, the record will be rejected.

Data Element in Output Data Set: Yes

Note:

The NY "Patient City, Zip Code" Loop 2010CA is used and processed when the subscriber is NOT the patient.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Location Qualifier for Patient County

Format-Length: ID – 2

Data Edit Specifications			
AS	ED	IP	OP
S	S	S	S

Effective Date: May 2003   **Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R 5010R	2010CA	N405	309	CO	Location Qualifier

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04			Does not apply - needed only for electronic submission.

Definition:

Code identifying type of location.

Codes and Values:

1. "CO" = County / Parish.

Edit Applications:

1. Must equal "CO".

2. Must be entered when the subscriber is NOT the patient. If not, the record will be rejected.

3. If the subscriber IS the patient, then the information must be entered in the appropriate loop for the patient, if not, the record will be rejected.

Data Element in Output Data Set: No

Note:

The N4 "Patient City, State, Zip Code" Loop 2010CA is used and processed when the subscriber IS NOT the patient.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Patient County Code

Format-Length: N - 2

Data Edit Specifications			
AS	ED	IP	OP
R	R	R	R

Effective Date: January 1, 1994

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2010CA	N406	310		Location Identifier
5010R					

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04			

Definition:

The code assigned to the county where the patient's principal residence is located on the day of admission or date of visit.

Codes and Values:

1. Must be a valid two-digit code in accordance with the Zip/County Code Edit Validation Table in Appendix F.

2. "99" = Homeless

    "88" = Patient lives outside of New York State

Edit Applications:

1. Must be a valid county code for the Patient Postal Service Zip Code assigned to the patient's principal residence, if not the record will be rejected.

2. Must be compatible with Patient State. If the Patient County Code is in New York State (01-62), Patient State must equal "NY".

3. If a Patient County Code is outside New York State (88), Patient State must not equal "NY".

4. Must be entered when the subscriber is NOT the patient. If not, the record will be rejected.

5. If the subscriber IS the patient, then the information must be entered in the appropriate loop for the patient, if not, the record will be rejected.

Data Element in Output Data Set: Yes

Note:

The N4 "Patient City, State, Zip Code" Loop 2010CA is used and processed when the subscriber IS NOT the patient.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Patient Birth Date Qualifier

Format-Length: ID - 3

Data Edit Specifications			
AS	ED	IP	OP
S	S	S	S

Effective Date: October 1994

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R 5010R	2010CA	DMG01	1250	D8	Date time Period Format Qualifier

Paper Form	Locator	Code Qualifier	Description		
Institutional - UB-04			Does not apply - needed only for electronic submission.		

Definition:

Code indicating the date format.

Codes and Values:

1. "D8" = Date expressed in format CCYYMMDD.

Edit Applications:

1. Must equal "D8".

2. Must be entered when the subscriber IS NOT the patient. If not, the record will be rejected.

3. If the subscriber IS the patient, then the information must be entered in the appropriate loop for the patient, if not, the record will be rejected.

Data Element in Output Data Set: No

Note:

The DMG Patient Demographic Information Loop 2010CA is used and processed when the subscriber IS NOT the patient.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Patient's Birth Date

Format-Length: N - 8

Data Edit Specifications			
AS	ED	IP	OP
S	S	S	S

Effective Date: October 1, 1998

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2010CA	DMG02	1251		Patient Birth Date
5010R					

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04	10	N/A	

Definition:

The date of the patient's birth.

Codes and Values:

1. Equals Patient's date of birth. (Format CCYYMMDD = Century Year Month Day)

Edit Applications:

1. Should be in format CCYYMMDD. (Century Year Month Day) in accordance with the Data Edit Validation Table in Appendix A.

2. Must not be after Admission Date / Start of Care.

3. If the subscriber IS NOT the patient, then the information must be entered. If not, the record will be rejected

4. If the subscriber IS the patient, then the information must be entered, if not, the record will be rejected.

Data Element in Output Data Set: Yes

Note:

The DMG "Patient Demographic Information Loop 2010CA is used and processed when the subscriber IS NOT the patient.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Patient Sex Code

Format-Length: ID - 1

Data Edit Specifications			
AS	ED	IP	OP
R	R	R	R

Effective Date: January 1,1994

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2010CA	DMG03	1068	See	Patient Gender Code
5010R				below	

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04	11	N/A	

Definition:

The sex of the patient as recorded on the date of admission or start of care.

Codes and Values:

    F = Female
    M = Male
    U = Unknown

Edit Applications:

1. There are multiple relationship edits between Patient Sex and specific diagnosis and procedure codes, as defined by the ICD-9-CM reference file edit flags. These edits are used to detect the inconsistencies between the patient's sex and diagnosis or procedure.

2. If the subscriber IS NOT the patient, then the information must be entered in this Loop (2010CA) for the patient, if not, the record will be rejected.

Data Element in Output Data Set: Yes

Note:

The DMG "Patient Demographic Information" Loop 2010CA is used and processed when the subscriber IS NOT the patient.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Patient Race/Ethnicity Qualifier

Format-Length: ID - 3

Data Edit Specifications			
AS	ED	IP	OP
S	S	S	O

Effective Date: January 1, 1994   **Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2010CA	DMG05-2	1270	RET	Code List Qualifier Code
5010R					

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04			Does not apply - needed only for electronic submission.

Definition:

The DMG05 is a composite data element. Each composite section refers to a specific data element. The first element of the composite is the Component Element Separator. The Component Element Separator (ISA16 ":") must be used before and after the composite data element DMG05-2. In addition, the Repetition Separator (ISA11 "^") must be used between race and ethnicity. This is the code identifying a specific industry code list.

Codes and Values:

"RET" = Classification of Race or Ethnicity

Example: *DMG*D8*19880208*F*****:RET:****R5^:RET:E2*****~*

Where ISA16 = "^" and ISA11 = ":"

Edit Applications:

1. Must equal "RET"

2. Must be entered when the subscriber is NOT the patient (OP excluded). If not, the record will be rejected.

3. If the subscriber IS NOT the patient, then the race and ethnicity qualifier must be entered in the appropriate Loop for the patient. If not, the record will be rejected.

4. This is optional for "OP". Will be edited if submitted.

Data Element in Output Data Set: No

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Patient Race

Format-Length: AN - 9

Data Edit Specifications			
AS	ED	IP	OP
S	S	S	O

Effective Date: October 1999   **Revision Date:** January 2014

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 5010R	2010CA	DMG05 - 3	1271	SEE BELOW	Race or Ethnicity Code

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04	81	B1	.

Definition:

The code which best describes the race of the subscriber. The DMG05 is a composite data element. Each composite section refers to a specific data element. The first element is the Component Element Separator. This is the second element for race. There can be up to 10 race/ethnicity codes reported.

Codes and Values:

1. Equals a valid Race Code in accordance with the Race Codes in **Appendix RR**..

2. Up to ten selections of race and/or ethnicity may be reported.

Single Race Example: *DMG*D8*19880208*F**:RET:**R5**^:RET:E1.01******~*
Multiple Race Example: *DMG*D8*19880208*F**: RET:**R5**^:**R4.01.001**^:**R2.19**^:**R2.01**^:RET:E1.01******~*

Edit Applications:

1. Must be a valid Race Code in accordance with the Race Codes in **Appendix RR**.

2. If the subscriber IS NOT the patient, then race must be entered, if not, the record will be rejected.

3. If the subscriber IS the patient, then the information must be entered in the 2010BA Loop for the subscriber, if not, the record will be rejected.

4. This is optional for "OP"

Data Element in Output Data Set: Yes

Notes:

1. DMG05 may repeat up to 10 times to accommodate state or federal requirements that allow individuals to report more than one race code along with the ethnicity code.

2. The DMG Patient Demographic Information Loop 2010CA is used and processed when the subscriber IS NOT the patient.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Patient Ethnicity

Format-Length: AN - 9

Data Edit Specifications			
AS	ED	IP	OP
S	S	S	O

Effective Date: January 1, 1994

Revision Date: January 2014

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 5010R	2010CA	DMG05-3	1271	SEE BELOW	Race or Ethnicity Code

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04	81	B1	

Definition:

The code which best describes the ethnic origin of the subscriber. The DMG05 is a composite data element. Each composite section refers to a specific data element. The first element is the Component Element Separator. This is the second element for ethnicity. There can be up to 10 race/ethnicity codes reported.

Codes and Values:

1. Equals a valid Ethnicity Code in accordance with the Ethnicity Codes in **Appendix RR.**

Single Ethnicity Example: DMG*D8*19880208*F**:RET:R5^:RET:**E1.01********~
Multiple Ethnicity Example: DMG*D8*19880208*F**: RET:R5^:RET:**E1.01^:E1.02********~

Edit Applications:

1. Must be a valid Ethnicity Code in accordance with the Ethnicity Codes in **Appendix RR**.

2. If the subscriber IS NOT the patient, then ethnicity must be entered, if not, the record will be rejected.

3. If the subscriber IS the patient, then the information must be entered in the 2010BA Loop for the subscriber, if not, the record will be rejected.

4. This is optional for "OP"

Data Element in Output Data Set: Yes

Notes:

1. DMG05 may repeat up to 10 times to accommodate state or federal requirements that allow individuals to report more than one race code along with the ethnicity code.

2. The DMG Patient Demographic Information Loop 2010CA is used and processed when the subscriber IS NOT the patient.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Reference Identification Qualifier for Patient Secondary

Format-Length: ID - 3

Data Edit Specifications			
AS	ED	IP	OP
R	R	R	R

Effective Date: October 1994

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2010CA	REF01	128	See below	Personal ID Number Insurance Policy Number
5010R	2010CA	REF01*	128		

Only one REF is used in 4050R

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04			Does not apply - needed only for electronic submission.

Definition:

Code qualifying the reference identification.

Codes and Values: (* = note two values for 5010R)

1. Version 4050R, 5010R

   "ABB" = Personal ID Number

2. Version 5010R only

   "IG" = Insurance Policy Number

Edit Applications:

1. Version 4050R

   Must use "ABB".

2. Version 5010R

   Must use "IG" or "ABB".

Data Element in Output Data Set: No

Note:

The REF "Patient Secondary ID Number" Loop (2010CA) is used and processed when the subscriber IS NOT the patient.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Unique Personal Identifier for Patient

Format-Length: AN – 10

Data Edit Specifications			
AS	ED	IP	OP
R	R	R	R

Effective Date: **Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2010CA	REF02	127		Policy Number
5010R					

Paper Form	Locator	Code Qualifier	Description		
Institutional - UB-04	N/A	N/A	SPARCS Specific Data Element		

Definition:

A composite field comprised of portions of the patient last name, first name, and Social Security number. This field, in conjunction with the Patient Sex and the Patient Birth Date is designed to provide probabilistic matching criteria for individual patient records in longitudinal analyses without compromising the confidentiality of the record. The Unique Personal Identifier provides linkage capabilities for patient level discharges/visits. This data element is NOT to be confused with the Patient Control Number.

Below are the three individual components of this data element:

First two (2) and last two (2) characters of the patient's last name. The birth name of the patient is preferable if it is available on the facility's information system.

First two (2) characters of the patient's first name.

Last four (4) digits of the patient's Social Security number.

Codes and Values:

1. First and second components must be UPPERCASE alphabetic characters. If the last name is less than 4 characters, the first two and last two characters are used even if some characters are repeated.

    Included below are examples of how to report some unusual scenarios. A three character last name, a two character last name, a name with junior, a one character first name, a last name with an apostrophe, and a hyphenated last name.

    Examples:

Full Name	Last 4 SS #	Comp 1	Comp 2	Reported as
Joe Tan	1234	TAAN	JO	TAANJO1234
Bill Su Jr.	4321	SUSU	BI	SUSUBI4321
E John Smith	0987	SMTH	EE	SMTHEE0987
Bob O'Brien	3456	OBEN	BO	OBENBO3456
Sue Jones-Davis	unknown	JOIS	SU	JOISSU0000

2. Social Security number component must be numeric. If no Social Security Number is available, this component must be zeroes.

Edit Applications:

   1. Each sub-field must contain a valid entry.

   2. Must be entered when the subscriber is NOT the patient. If not, the record will be rejected.

   3. If the subscriber IS the patient, then the information must be entered in the appropriate loop. If not, the record will be rejected.

Data Element in Output Data Set: Yes

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Unique Personal Identifier for Patient (Con't)

Note:

Loop (2010BA) is submitted when the subscriber IS the patient.
Loop (2010CA) is submitted when the subscriber is NOT the patient.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Insured Policy Number for Patient Name
(Previously Policy Number)

Data Edit Specifications			
AS	ED	IP	OP
N	N	R	N

Format-Length: AN - 19

Effective Date: January 1, 1992

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 5010R ONLY	2010CA	REF02	67		Member Identification Number

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04	60		Does not apply - needed only for electronic submission.
*Not used in 4050R			

Definition:

The unique identification number assigned by the payer to identify the patient.

Codes and Values:

1. Payer   Type of Number

    Blue Cross   Enter the information depending on specific Blue Cross Plan needs and contract requirement.

    CHAMPUS   Enter information depending on CHAMPUS regulations.

    Medicaid   Enter Medicaid Client Identification Number (CIN) of the insured or case head Medicaid number shown on the Medicaid Identification Card.

    Medicare   Enter the patient's Medicare HIC number as shown on the Health Insurance Card, Certificate of Award, Utilization Notice, Temporary Eligibility Notice, Hospital Transfer Form or as reported by the Social Security Office.

2. For all other payer types, Commercial Insurers, etc. enter the insured's unique number assigned by the payer.

Edit Applications:

1. Required if Claim Filing Indicator Code is Medicare (MA, MB or 16) or Medicaid (MC).

2. Required if Source of Payment Typology I is Medicare (1xxxx) or Medicaid (2xxxx).

Data Element in Output Data Set: Yes, Inpatient Only

Note:

The NM1 Subscriber Name Loop (2010BA) is used when the subscriber IS the patient. When the subscriber is NOT the patient, then report the Insured's Policy Number as follows in this loop (2010CA):

Version	X12 Loop	Ref. Des.
4050R	2010CA	NM109
5010R	2010CA	REF02

If SOP II and/or SOP III are reported with the Medicare or Medicaid values, then the Insured's Policy Number for the Secondary or other subscriber is required in the appropriate loop and segment.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Patient Control Number

Format-Length: AN – 20

Data Edit Specifications			
AS	ED	IP	OP
R	R	R	R

Effective Date: January 1, 1994

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2300	CLM01	1028		Patient Control Number
5010R					

Paper Form	Locator	Code Qualifier	Description		
Institutional - UB-04	03a	N/A	Does not apply - needed only for Electronic submission		

Definition:

A unique assigned number by the provider to facilitate retrieval of individual financial and clinical records and posting of the payment. This is typically a key element in provider information systems for retrieval of an individual's records, which is why it is also necessary for reporting functions.

Codes and Values:

1. Must not equal zero or blanks.

2. Must be numeric (0-9) and/or alphabetic (A-Z). Special characters are invalid entries.

Edit Applications:

1. Must equal patient control number.

Data Element in Output Data Set: Yes

Note:

Providers may submit fewer characters depending upon their needs. However, the HIPAA maximum requirement to be supported by any responding system is "20" characters.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Total Claim Charge Amount

Format-Length: N - 12

Data Edit Specifications			
AS	ED	IP	OP
R	R	R	R

Effective Date: January 1, 1994

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2300	CLM02	782		Total Claim Charge Amount
5010R					
Paper Form	Locator	Code Qualifier	Description		
Institutional - UB-04	47	N/A			

Definition:

Total charges for the primary payer pertaining to the related revenue code for the current billing period as entered in the statement covers period. Total charges include both covered and non-covered charges.
The total amount of all submitted charges of service segments for this claim.

Codes and Values:

1. The amount must be entered in dollars and cents including the decimal point.

    Example: *$125.24 would be entered as: 125.24*

    Note: There are 7 positions for dollars and 2 positions for cents separated by a decimal point. Amounts greater than or equal to zero are acceptable values in this element.

Edit Applications:

1. Must equal the total of all submitted charges of service segments for this claim.

Data Element in Output Data Set: Yes

Note:

The total charges should equal the sum of both covered and non-covered charges of each service line.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Facility Type Code

      (Previously Type of Bill Digit 1 & 2 Code**)**

Data Edit Specifications			
AS	ED	IP	OP
R	R	R	R

Format-Length AN – 2

Effective Date: January 1, 1994   **Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2300	CLM05 - 1	1331	See below	Facility Code Value
5010R					
Paper Form	**Locator**	**Code Qualifier**	**Description**		
Institutional - UB-04	04	N/A			

Definition:

A two-digit numeric code which identifies the specific type of facility bill (inpatient, outpatient, ambulatory surgery center). The Facility Code Value is the first two digits from a three digit numeric data element called 'Type of Bill' by National Uniform Billing Committee (NUBC). The first digit represents the type of facility, the second digit represents the bill classification.

Codes and Values:

    "11" = Hospital Inpatient (Including Medicare Part A)
    "12" = Hospital Inpatient (Medicare Part B only)
    "13" = Hospital Outpatient
    "73" = Clinic - Freestanding
    "75" = Clinic - Comprehensive Outpatient Rehab Facility (CORF)
    "83" = Ambulatory Surgery Center
    "85" = Critical Access Hospital

CODING EXAMPLES:

Hospital, OP, New claim: *CLM*2745331203128112806*0.00******13:A:1*~
Hospital, OP, Void/Cancel *of prior claim: CLM*2745331203128112806*0.00******13:A:8*~
Clinic, OP, New claim*: CLM*2745331203128112806*0.00******73*:A:1~

Edit Applications:

    1. Must be entered, if not, the record will be rejected.

    2. Must be valid value, if not, the record will be rejected.

Data Element in Output Data Set: Yes, used to formulate "Type of Bill".

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Facility Code Qualifier

Format-Length: ID- 2

Data Edit Specifications			
AS	ED	IP	OP
R	R	R	R

Effective Date: January 1, 1994   **Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R 5010R	2300	CLM05 - 2	1332	A	Facility Code Qualifier

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04			Does not apply – needed only for electronic submission

---

Definition:

Code identifying the type of code set used to identify facilities and claim submissions.

Codes and Values:

1. "A" = Uniform Billing Claim Form Bill Type

   Coding Examples:

   Hospital, OP, new claim: *CLM*2745331203128112806*0.00***13:**A**:1~*
   Hospital, OP, void/cancel *of prior claim: CLM*2745331203128112806*0.00***13:**A**:8~*
   Clinic, OP, new claim*: CLM*2745331203128112806*0.00***73:**A**:1~*

Edit Applications:

1. Must equal "A"

2. Must be entered, if not, the record will be rejected.

Data Element in Output Data Set: No

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Claim Transaction Type
                      (Previously Type of Bill Digit 3 code)

Data Edit Specifications			
AS	ED	IP	OP
R	R	R	R

Format-Length ID – 1

Effective Date: January 1, 1994   **Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2300	CLM05 - 3	1325	See	Claim Frequency Code
5010R				below	

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04	04	N/A	

Definition:

The Claim Transaction Type is the third digit from a three digit numeric data element called 'Type of Bill' by the National Uniform Billing Committee (NUBC). This data element is referenced in the ASC X12N reporting guide as the "Claim Frequency Code". This code identifies the type of transaction for the electronic institutional claims: informational, new, replacement and void/cancel.

Codes and Values:

Code	Value	Description
1	Admit thru Discharge Claim (New Claim)	Use this code when billing for a confined treatment or inpatient period. This will include bills representing a total confinement or course of treatment and bills that represent an entire benefit period of the primary third party payer.
7	Replacement of Prior Claim	This code is used when a specific bill has been issued for a specific provider, patient, payer, insured and "Statement Covers Period" and it needs to be restated in its entirety, except for the same identity information.
8	Void/Cancel of Prior Claim	This code reflects the elimination in its entirety of a previously submitted bill for a specific provider, patient, payer, insured and "Statement Covers Period".

CODING EXAMPLES:

Hospital, OP, new claim: *CLM*2745331203128112806*0.00***13:A:**1**~*
Hospital, OP, void/cancel *of prior claim: CLM*2745331203128112806*0.00***13:A:**8**~*
Clinic, OP, replacement claim*: CLM*2745331203128112806*0.00***73:A:**7**~*

Edit Applications:

1. Must be entered, if not, the record will be rejected.

2. Must be valid value, if not, the record will be rejected.

Data Element in Output Data Set: Yes, used to formulate "Type of Bill".

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Discharge Hour Qualifier

Format-Length: ID - 3

Data Edit Specifications			
AS	ED	IP	OP
R	R	R	N

Effective Date: January 1, 1994   **Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	**X12 Loop**	**Ref. Des.**	**Data Element**	**Code**	**X-12 Data Element Name**
Version 4050R	2300	DTP01	374	096	Date Time Qualifier
5010R					

Paper Form			**Description**
Institutional - UB-04	**Locator**	**Code Qualifier**	Does not apply – needed only for electronic submission

---

Definition:

The code specifying type of date or time, or both date and time.

Codes and Values:

   1. "096" - Discharge.

Edit Applications:

   1. Must equal "096".

Data Element in Output Data Set: No

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Discharge Hour Format Qualifier

Format-Length: ID -3

Data Edit Specifications			
AS	ED	IP	OP
R	R	R	N

Effective Date: January 1, 1994

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R 5010R	2300	DTP02	1250	TM	Date Time Period Format Qualifier
Paper Form	Locator	Code Qualifier	Description		
Institutional - UB-04	16	N/A	Does not apply – needed only for electronic submission		

Definition:

Code indicating the data format, time format or date and time format.

Codes and Values:

1."TM" = Time expressed in format HHMM.

Edit Applications:

1. Must equal "TM"

Data Element in Output Data Set: No

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Discharge Hour

Format-Length: AN - 2

Data Edit Specifications			
AS	ED	IP	OP
R	R	R	N

Effective Date: January 1, 1994

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2300	DTP03	1251		Discharge Hour
5010R					

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04	16	N/A	

Definition:

The hour when the patient was discharged or death occurred.

For emergency department patients this would be the hour in which the patient was discharged from the Emergency Department to home or to another health care provider.

Codes and Values:

1. Equals Discharge Hour.

Edit Applications:

1. Must equal Discharge Hour.

2. Discharge Hour should be reported in the HHMM format, as defined by the X12-837 standards. SPARCS currently only edits and collects the first 2 characters (HH). Please refer to the Admission/Discharge Hour Code Table in Appendix B for details.

Data Element in Output Data Set: Yes

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Statement Date Qualifier

Format-Length ID-3

Data Edit Specifications			
AS	ED	IP	OP
R	R	R	R

Effective Date: January 1, 1994

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2300	DTP01	374	434	Date Time Qualifier
5010R					
Paper Form	Locator	Code Qualifier	Does not apply – needed only for electronic submission		
Institutional - UB-04					

Definition:

Code specifying type of date or time, or both date and time.

Codes and Values:

1. "434" = Statement

Edit Applications:

1. Must equal "434".

Data Element in Output Data Set: No

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Statement Date Format Qualifier

Format-Length: ID - 3

Data Edit Specifications			
AS	ED	IP	OP
R	R	R	R

Effective Date: January 1, 1994   **Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2300	DTP02	1250	RD8	Date Time Period Format
5010R					Qualifier
Paper Form	**Locator**	**Code Qualifier**	**Description**		
Institutional - UB-04	06	N/A	Does not apply – needed only for electronic submission		

Definition:

Code indicating the date format, time format, or date and time format.

Codes and Values:

1. "RD8" = Range of Dates CCYYMMDD – CCYYMMDD. CCYYMMDD = Century Year Month Day

2. Use RD8 to indicate the from and through date of statement. When the statement is for a single date of service, the from and through date are the same.

Edit Applications:

1. Must equal "RD8".

Data Element in Output Data Set: No

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Statement From and Statement Through Date

Data Edit Specifications			
AS	ED	IP	OP
R	R	R	R

Format-Length: N - 8 Statement From
                    N - 8 Statement Through

Effective Date: January 1, 1994   **Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2300	DTP03	1251		Statement Through and From Date

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04	06	N/A	

Definition:

The beginning and ending service dates of the period included in the bill.

Codes and Values:

1. Equals Statement From and Statement Through Date.

2. For all services received on a single day, use the same date for "From" and "Through".

Edit Applications:

1. Must equal Statement From and Statement Through Date in CCYYMMDD format:

2. Must be a valid date in accordance with the Date Edit Validation Table in Appendix A

3. "Statement From Date" must be on or before the "Statement Through Date".

Notes:

1. Enter both dates as month, day, and year (CCYYMMDD). For example: November 3, 2010 must be entered as: 20101103.

2. The "From" date should not be confused with the Admission Date. The Statement From Date in Form Locator 6 ("From" Date) is distinctly different than the Admission Date (Form Locater 12). The dates may coincide in some circumstances, but should not be confused. It is also not a requirement that the Admission Date fall in between the "From" Date and the Statement "Through" Date.

3. The Admission Date is purely the date the patient was admitted as an inpatient to the facility (or indicates the start of care date for home health and hospice). It is reported on all inpatient claims regardless of whether it is an initial, interim, or final bill.

4. The Statement Covers Period identifies the span of service dates included in a particular bill. The "From" Date is the earliest date of service on the bill.   (Con't.)

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Statement From and Statement Through Date (Con't)

<u>NUBC Examples of Correct Usage</u>

1. When Medicare patients receive outpatient services 72 hours prior to an inpatient admission, the outpatient charges are included on the inpatient bill. In this situation, the Statement Covers Period reflects the entire range of dates associated with the services on the billing statement. Therefore, the Admission Date and the "From" Date will differ. On an initial bill the "From" Date would be prior to the Admission Date.

2. A patient is treated in the Emergency Department and is subsequently admitted after midnight (the next day). The "From" Date and the ED (ICD-9-CM) Procedure Date would be the same, but the Admission Date would be the following day.

3. In a longer term stay situation, it is necessary for the provider to issue an initial bill, one or more interim bills, and a final bill. The Admission Date is reported on each bill and will be the same on all of these bills. The Statement Covers Period will vary and reflects only the dates of services performed during the respective billing period.

Data Element in Output Data Set: Yes, Reported as two data elements: Statement Covers Period From Date and Statement Covers Period Through Date.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Admission Date / Hour Qualifier

Format-Length ID-3

Data Edit Specifications			
AS	ED	IP	OP
R	R	R	R

Effective Date: May 2003   **Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	**X12 Loop**	**Ref. Des.**	**Data Element**	**Code**	**X-12 Data Element Name**
Version 4050R	2300	DTP01	374	435	Date/Time Qualifier
5010R					

Paper Form	**Locator**	**Code Qualifier**	**Description**
Institutional - UB-04			Does not apply – needed only for electronic submission

Definition:

Code specifying type of date or time, or both date and time.

Codes and Values:

    1. "435" = Admission

Edit Applications:

    1. Must equal "435"

Data Element in Output Data Set: No

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Admission Date/Hour Format Qualifier

Format-Length: ID -3

Data Edit Specifications			
AS	ED	IP	OP
R	R	R	R

Effective Date: May 2003　　　　　　　　　　　　　　　　**Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2300	DTP02	1250	DT	Date Time Period Format
5010R					Qualifier

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04			Does not apply – needed only for electronic submission

Definition:

Code indicating the data format, time format or date and time format.

Codes and Values:

1. "DT" = Date and time expressed in format CCYYMMDDHHMM.

Edit Applications:

1. Must equal "DT".

Data Element in Output Data Set:　No

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Admission/Start of Care Date and Hour	Data Edit Specifications			
(Previously separate elements: Admission Date/Start of Care and Admission Hour/Emergency Visit Hour)	AS	ED	IP	OP
Format-Length: DT - 12 Admission Date N - 8 Admission Hour N - 2/4	R	R	R	R for Date N for Hour

Effective Date: January 1, 1994   **Revision Date:** July 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R 5010R	2300	DTP03	1251		Admission Date and Hour

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04	13	N/A	

Definition:

The beginning date and hour of the billing period. For inpatient services, this date will be the date when the patient was admitted to the hospital. For ambulatory surgical services, Emergency Department or other Outpatient services, the date will be when the care started or the date the episode of care began.

The admission hour is the hour in which the patient was either admitted for inpatient care or received outpatient services. For an emergency department visit, the hour is when the patient was registered or triaged, whichever occurs first.

Codes and Values:

    1. Equals Admission/Start of Care Date and Hour.

Edit Applications:

    1. Must equal Admission/Start of Care Date and Hour in format CCYYMMDDHHMM.

    2. Must be on or before the Statement Through Date.

    3. Must be on or before the SPARCS the processing date.

    4. Date must be valid in accordance with the Date Edit Validation Table in Appendix A.

    5. Admission Hour must be reported in the HHMM format. SPARCS currently only edits and collect the first 2 characters. Please refer to the Admission/Discharge Code Table in Appendix B. (Note: Use 9999 format for hour portion for OP Data.)

    6. **Emergency Department Only**:
The Admission/Start of Care Date can be within four (4) days from the Statement Covers Period - Through Date. (The four days takes into consideration the observation time that would be allowable for payment of an Emergency Department visit).

Data Element in Output Data Set: Yes

Note:

I**npatient Only:** On the Inpatient output file the following occurs:
a. If Statement Covers Period - Through Date equals Admission Date/Start of Care, then Length of Stay (LOS) equals "1".

b. If the Neonate Birth Weight is reported as less than 1500 grams, and the New York State Patient Status is reported as code "01" home, then the Length of Stay must be greater than 10 days.

Outpatient (OP) Only: Use 9999 format for hour portion for OP Data.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Type of Admission

Format-Length AN - 1

Data Edit Specifications			
AS	ED	IP	OP
N	N	R	N

Effective Date: January 1, 1994

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2300	CL101	1315		Admission Type Code
5010R					

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04	14	N/A	

Definition:

Code indicating the priority of this admission. Required when patient is being admitted for inpatient services.

Codes and Values:

1 = Emergency
The patient requires immediate medical intervention as a result of severe, life threatening, or potentially disabling conditions.

2 = Urgent
The patient requires immediate attention for the care and treatment of a physical or mental disorder. Generally the patient is admitted to the first available and suitable accommodation.

3 = Elective
The patient's condition permits adequate time to schedule the admission based on the availability of a suitable accommodation.

4 = Newborn
Use of this code necessitates the use of special codes in the Source of Admission.

5 = Trauma
Visit to a trauma center/hospital as licensed or designated by the state or local government authority authorized to do so, or as verified by the American College of Surgeons and involving a trauma activation.

9 = Information not available
The provider cannot classify the type of admission.

Edit Applications:

1. Must equal a valid code.

Data Element in Output Data Set: Yes

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Point of Origin

Format-Length: AN - 1

Data Edit Specifications			
AS	ED	IP	OP
N	N	R	N

Effective Date: January 1, 1994

Revision Date: November 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R 5010R	2300	CL102	1314		Admission Source Code

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04	15	N/A	

Definition:

A code indicating the point of patient origin for the admission.

Codes and Values:

1 = Non-Health Facility Point of Origin (includes patients coming from home or workplace).
   Inpatient: The patient was admitted to this facility upon an order of a physician.
   Outpatient: The patient presents to this facility with an order from a physician for services or seeks scheduled services for which an order is not required (e.g. mammography). Includes non-emergent self-referrals.

2 = Clinic or Physician's Office
   Inpatient: The patient was referred to this facility as a transfer from a freestanding or non-freestanding clinic.
   Outpatient: The patient was referred to this facility for outpatient or referenced diagnostic services.

3 = (Discontinued effective 10/1/2007 HMO Referral). Reserved for assignment by NUBC.

4 = Transfer From a Hospital (Different Facility)
   Inpatient: The patient was admitted to this facility as a hospital transfer from an acute care facility where he or she was an inpatient or outpatient.
   Outpatient: The patient was transferred to this facility as an outpatient from an acute care facility.

5 = Transfer From a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF).
   Inpatient: The patient was admitted to this facility as a transfer from a SNF or ICF where he or she was a resident.
   Outpatient: The patient was referred to this facility for outpatient or referenced diagnostic services for a SNF or ICF where he or she was a resident. Note: NYS no longer uses ICF determination.

6 = Transfer From Another Health Care Facility
   Inpatient: The patient was admitted to this facility as a transfer from another type of health care facility not defined elsewhere in this code list.
   Outpatient: The patient was referred to this facility for services by (a physician of) another health care facility not defined elsewhere in this code list where he or she was an inpatient or outpatient.

7 = (Discontinued effective 7/1/2010 Emergency Room). Reserved for assignment by NUBC. See edit application note.

8 = Court/Law Enforcement
   Inpatient: The patient was admitted to this facility upon the direction of a court of law, or upon the request of a law enforcement agency representative.
   Outpatient: The patient was referred to this facility upon the direction of a court of law, or upon the request of a law enforcement agency representative for outpatient or referenced diagnostic services.

9 = Information Not Available
   The means by which the patient was admitted to this hospital was not known.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Point of Origin (Con't)

    A = Transfer from a Rural Primary Care Hospital (Only valid for discharges prior to 10/1/2007)
The patient was admitted to this facility as a transfer from a Rural Primary Care Hospital (RPCH) where he or she was an inpatient.(Discontinued effective 10/1/2007).

    D = Transfer from One Distinct Unit of the Hospital to another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer.
<u>Inpatient:</u> The patient was admitted to this facility as a transfer from hospital inpatient within this facility resulting in a separate claim to the payer.
<u>Outpatient</u>: The patient received outpatient services in this facility as a transfer from within this hospital resulting in a separate claim to the payer.

    E = Transfer from Ambulatory Surgery Center (Effective 10/1/2007)
<u>Inpatient</u>: The patient was admitted to this facility as a transfer from an ambulatory surgery center.
<u>Outpatient</u>: The patient was referred to this facility for outpatient or referenced diagnostic services from an ambulatory surgery center.

    F = Transfer from Hospice and is Under a Hospice Plan of Care or Enrolled in a Hospice Program (Effective 10/1/2007).
<u>Inpatient</u>: The patient was admitted to this facility as a transfer from a hospice.
<u>Outpatient</u>: The patient was referred to this facility for outpatient or referenced diagnostic services from a hospice.

    If the Type of Admission is a Newborn, "4", the following coding scheme must be used for Point of Origin (Discontinued 10/1/2007):

    5 = Born Inside Hospital (Effective 10/1/2007) A baby born inside this Hospital.

    6 = Born Outside Hospital (Effective 10/1/2007) A baby born outside of this Hospital.

Edit Applications:

1. Must equal a valid code.
2. NUBC discontinued the Point of Origin value of "7" on October, 2011. However, SPARCS continued to accept the value of "7" until August 1, 2011 due to major system changes at the time. For discharge dates after and including August 2, 2011, the value of "7" will fail.

Data Element in Output Data Set: Yes

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Patient Status Code

Format-Length: AN - 2

Data Edit Specifications			
AS	ED	IP	OP
R	R	R	N

Effective Date: January 1, 1994   **Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2300	CL103	1352		Patient Status Code
5010R					

Paper Form	Locator	Code Qualifier	Description		
Institutional - UB-04	17	N/A	Does not apply – needed only for electronic submission		

Definition:

The code indicating the patient status as of the "Statement Through Date" upon discharge.

Codes and Values:

1.   Equals Patient Status Code.

Edit Applications:

1. Must be a valid code in accordance with Patient Status or Disposition Codes in Appendix C.
   Refer to the Patient Status FAQ's. for answers to coding questions.

2. **Inpatient Only:**
   If the Neonate Birth Weight is reported as less than 1500 grams and the New York State Patient Status is reported as code "01" home, then the Length of Stay must be greater than 10 days.

Data Element in Output Data Set: Yes

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Medical Record Identification Code Qualifier

Format-Length: ID – 3

Data Edit Specifications			
AS	ED	IP	OP
R	R	R	R

Effective Date: January 1, 1994

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2300	REF01	128	EA	Qualifier Reference
5010R					Identification Qualifier
Paper Form	Locator	Code Qualifier	Description		
Institutional - UB-04	N/A	N/A	Does not apply – needed only for electronic submission		

Definition:

Code qualifying the Reference Identification.

Codes and Values:

1. "EA" = Medical Record Identification Number

Edit Applications:

1. Must equal "EA".

Data Element in Output Data Set: No

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Medical Record Number

Format-Length: AN – 17

Data Edit Specifications			
AS	ED	IP	OP
R	R	R	R

Effective Date: January 1, 1994   **Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R 5010R	2300	REF02	127		Medical Record Number

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04	03b	N/A	

Definition:

The number used by the Medical Records Department to identify the patient's permanent medical/health record file. This number is not the same as the Patient Control Number.

Codes and Values:

1. Equals Medical Record Number

Edit Applications:

1. Must not equal zero or blanks.

2. Must be numeric (0-9) and/or alphabetic (A-Z). Special characters are invalid.

Data Element in Output Data Set: Yes

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Mother's Medical Record Identification Qualifier

Format-Length: ID -3

Data Edit Specifications			
AS	ED	IP	OP
N	N	S	N

Effective Date: January 1, 1994

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2300	REF01	128	MRN	Reference Identification
5010R					Qualifier
Paper Form	Locator	Code Qualifier	Description		
Institutional - UB-04	N/A	N/A	Does not apply – needed only for electronic submission		

Definition:

Code qualifying the Reference Identification.

Codes and Values:

1. "MRN" = Mother's Medical Record Number.

Edit Applications:

1. Must equal "MRN"

Data Element in Output Data Set: No

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Mother's Medical Record Number for Newborn Child

Data Edit Specifications			
AS	ED	IP	OP
N	N	S	N

Format-Length: AN - 17

Effective Date: January 1, 19944   **Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2300	REF 02	127		Mother's Medical Record
5010R					Number
Paper Form	**Locator**	**Code Qualifier**	**Description**		
Institutional - UB-04					

Definition:

The medical record number of the newborn child's mother which links the newborn's hospital stay and the mother's stay.

Codes and Values:

1. Equals mother's medical record number.

Edit Applications:

1. Must not equal zero.

2. Must be number (0-9) and/or alphabetic (A-Z). Special characters are invalid.

3. If this field is not applicable, it must be blank.

4. Must be present when a valid newborn diagnosis code is reported in the Principal/Primary Diagnosis Code.

5. For Medicare discharges before 10/01/89 and non-Medicare discharges before 01/01/90, valid newborn codes are:

    V300   V301   V310   V311   V320   V321   V330   V331
    V340   V341   V350   V351   V360   V361   V370   V371

6. For Medicare discharges after 9/30/89 and non-Medicare discharges before 12/31/89, valid newborn codes are:

    V3000   V3001   V301   V3100   V3101   V311   V3200   V3201   V321
    V3300   V3301   V331   V3400   V3401   V341   V3500   V3501   V351
    V3600   V3601   V361   V3700   V3701   V371

7. When a valid newborn diagnosis code is reported in the Principal/Primary Diagnosis Code and the mother is not admitted to the hospital, then report all 9"s in the Mother's Medical Record Number for Newborn child.

Data Element in Output Data Set: Yes

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Note Reference Code

Format-Length: ID - 3

Data Edit Specifications			
AS	ED	IP	OP
R	R	R	R

Effective Date: January 1, 1994

Revision Date: March 2011

New York State Specific Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R 5010R	2300	NTE01	363	UPI	Note Reference Code

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04			Does not apply – needed only for electronic submission

Definition:

The code identifying the NTE segment used to collect SPARCS specific data elements.

Codes and Values:

1. "UPI" = Updated Information

Edit Applications:

1. Must equal "UPI".

Data Element In Output Data Set: No

Note:

NTE segment is fixed width.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Note Reference Description

Format-Length: AN - 80 (see below)

Data Edit Specifications			
AS	ED	IP	OP
R	R	R	R

Effective Date: January 1, 1994

Revision Date: March 2011

New York State Specific Mapping:

Electronic - 837I Version 4050R, 5010R	X12 Loop 2300	Ref. Des. NTE02	Data Element 352	Code	X-12 Data Element Name Claim Note Text
Paper Form Institutional - UB-04	Locator	Code Qualifier	Description Does not apply – needed only for electronic submission		

Definition:

The NTE02 element is a fixed width AN element 80 characters long, used to report New York State specific requirements. Each requirement and its respective position and length within the 80 character field, is divided into a "sub-element" as defined in the table below.

Note that the positions of the IP sub-elements differs from the positions of the AS, ED, and OP sub-elements within NTE02. If a sub-element is reported as blank, then the required spacing of the sub-element must be maintained with spaces.

Element	Format Length	IP Position	AS,ED,OP Position
Expected Principal Reimbursement	AN-2	1-2	1-2
Expected Reimbursement Other 1	AN-2	3-4	**NR**
Expected Reimbursement Other 2	AN-2	5-6	**NR**
Method of Anesthesia	AN-2	7-8	3-4
Exempt Unit Indicator	AN-3	9-11	**NR**
* Patient Race	**AN-2**	**12-13 ***	**5-6 ***
* Patient Ethnicity	**AN-1**	**14-14 ***	**7-7 ***
Heart Rate	AN-3	15-17	8-10
Blood Pressure Systolic	AN-3	18-20	11-13
Blood Pressure Diastolic	AN-3	21-23	14-16
Procedure Time	AN-3	**NR**	17-19
Source of Payment Typology I	AN-5	24-28	20-24
Source of Payment Typology II	AN-5	29-33	25-29
Source of Payment Typology III	AN-5	34-38	30-34
End of Segment Indicator ~	AN -1	39	35

NR = Not reported.

* Patient Race and Patient Ethnicity are no longer reported in the NTE02 segment. They are reported in the DMG05-3 (2010BA or 2010CA). Report these sub-elements as blanks in NTE02 to maintain the required spacing.

Codes and Values:

Each of the above sub-elements is described in the NTE02 pages which follow.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Expected Principal Reimbursement

Format-Length: AN - 2 (see below)

Data Edit Specifications			
AS	ED	IP	OP
R	R	R	N

Effective Date: January 1, 1994

Revision Date: March 2011

New York State Specific Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R 5010R	2300	NTE02	352		(none)
Paper Form	Locator	Code Qualifier	Description		State Reporting Purposes
Institutional - UB-04			SPARCS Specific Data Element.		SPARCS Requires

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Definition:

The code which identifies the payer expected to pay the MAJOR portion of the patient's bill.

The Medicare and Medicaid HMO payer codes are to be used when the HMO responsible for payment receives the reimbursement from one of the respective payers for the patient. If this information is not available from the patient's insurance card or from the admittance interview, the Other HMO payer code should be used.

Codes and Values:

1. Equals a valid code in accordance with the Expected Reimbursement Codes in Appendix D.

Edit Applications:

1. Must be a valid code in accordance with the Expected Reimbursement Codes in Appendix D.

2. NTE segment is fixed width – required spacing must be maintained if element is not applicable:

Positions			
AS	ED	IP	OP
1-2	1-2	1-2	1-2*

* = Not Reported in OP. Maintain spacing.

Examples:

IP:	*NTE*UPI*06100120ALR 07212 5080211 22 00000~*
AS, ED:	*NTE*UPI*0620 072125080230211 22 00000~*
OP:	*NTE*UPI* 20 072125080230211 22 00000~*

Data Element In Output Data Set: Yes

Note:

1. Prior to October 1, 1995 edits pertaining to ICD-9-CM codes are validated on the basis of the Statement Through Date/Discharge Date and the Expected Principal Reimbursement. The edit application reflects the yearly updating of the ICD-9-CM codes. ICD-9-CM updates become effective on October 1 for Medicare, CHAMPUS, and Medicare HMO discharges and on January 1 of the following year for all other payer discharges.

2. After October 1, 1995, based on the Department of Health Memorandum (Health Facilities Series: H4 95-7) issued on May 1, 1995, all edits pertaining to ICD-9-CM codes are validated on the basis of the Statement Through Date/ Discharge Date. The edit application reflects the yearly updating of the ICD-9-CM codes. ICD-9-CM updates become effective on October 1 for all payers.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Expected Reimbursement Other 1

Format-Length: AN - 2 (See below)

Data Edit Specifications			
AS	ED	IP	OP
N	N	R	N

Effective Date: January 1, 1994

Revision Date: March 2011

New York State Specific Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2300	NTE02	352	See	(none)
5010R				Below	
Paper Form	**Locator**	**Code Qualifier**	**Description**		**State Reporting Purposes**
Institutional - UB-04			SPARCS Specific Data Element		SPARCS Requires

Definition:

The code which identifies secondary source of payment expected to reimburse some part of the hospital bill.

The Medicare and Medicaid HMO payer codes are to be used when the HMO responsible for payment receives the reimbursement from one of the respective payers for the patient. If this information is not available from the patient's insurance card or from the admittance interview, the Other HMO payer code should be used.

Codes and Values:

1. Must be a valid code in accordance with the Expected Reimbursement Codes in Appendix D.

Edit Applications:

1. Equals a valid code in accordance with the Expected Reimbursement Codes in Appendix D.

2. NTE segment is fixed width – required spacing must be maintained if element is not applicable:

Positions			
AS	ED	IP	OP
NR	NR	3 - 4	NR

Example:

IP: *NTE*UPI*06100120ALR 072125080211 22 00000~*

Data Element In Output Data Set: Yes

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Expected Reimbursement Other 2

Data Edit Specifications			
AS	ED	IP	OP
C	C	C	N

Format-Length: AN – 2 (see below)

Effective Date: January 1, 1994

Revision Date: March 2011

New York State Specific Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R 5010R	2300	NTE02	352		(none)
Paper Form	Locator	Code Qualifier	Description		State Reporting Purposes
Institutional - UB-04			SPARCS Specific Data Element		SPARCS Requires

Definition:

The code which identifies tertiary source of payment which is expected to reimburse some part of the hospital bill.

The Medicare and Medicaid HMO payer codes are to be used when the HMO responsible for payment receives the reimbursement from one of the respective payers for the patient. If this information is not available from the patient's insurance card or from the admittance interview, the Other HMO payer code should be used.

Codes and Values:

    1. Must be a valid code in accordance with the Expected Reimbursement Codes in Appendix D.

Edit Applications:

    1. Equals a valid code in accordance with the Expected Reimbursement Codes in Appendix D.

    2. NTE segment is fixed width – required spacing must be maintained if element is not applicable:

Position			
IP	AS	ED	OP
5 - 6	NR	NR	NR

Examples:

       IP: *NTE*UPI*06100120ALR 072125080211 22 00000~*

Data Element In Output Data Set: Yes

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Method of Anesthesia Used

Format-Length: AN – 2 (see below)

Effective Date: January 1, 1994

Data Edit Specifications			
AS	ED	IP	OP
R	N	R	N

Revision Date: March 2011

New York State Specific Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R 5010R	2300	NTE02	352		(none)
Paper Form	Locator	Code Qualifier	Description		State Reporting Purposes
Institutional - UB-04			SPARCS Specific Data Element		SPARCS Requires

Definition:

Type of anesthesia administered on the patient during the stay. If during the stay, anesthesia is administered more than once, report the level of anesthesia in the following hierarchical order: General, Regional, Other, and Local.

The information submitted to SPARCS should be derived from the anesthesia record regardless the type of health care provider that provided the service.

Codes and Values:

1. "00" = No Anesthesia

   "10" = Local Anesthesia
   Administered by the infiltration of a local anesthetic agent at the body site where pain might originate during the procedure. Local anesthesia is typically administered by the surgeon or other health care provider performing the procedure. Anesthesia care providers sometimes monitor the patient during the administration of local anesthesia by the surgeon or other provider, in which case the anesthetic procedure is sometimes referred to as "local/MAC". In this term, MAC stands for "Monitored Anesthesia Care".

   "20" = General Anesthesia
   Administered by the intravenous injection of anesthetic agents, the inhalation of anesthetic agents, or (more often) a combination of the two. Anesthetic agents are sometimes (but infrequently) administered by other routes, such as via the nasal or rectal mucosa. General anesthesia involves loss of consciousness and loss of protective reflexes.

   "30" = Regional Anesthesia
   Administered by injecting a local anesthetic agent to interrupt nerve impulses on large nerves or nerve roots serving relatively large segments of the body. Included under the term regional anesthesia are the following: spinal anesthesia, epidural anesthesia, caudal anesthesia, brachial plexus anesthesia (including axillary block, interscalene block, and supraclavicular block), sacral nerve block, femoral nerve block, and ankle block. (This list is not exhaustive.)

   "40" = Other
   Any anesthetic that does not fit one of the above categories should be classified "other". Analgesia or sedation that is administered to make a patient more comfortable during a procedure but does not involve loss of consciousness or loss of protective reflexes would come under this category.

Edit Applications:

1. Must be a valid code.

2. NTE segment is fixed width – required spacing must be maintained if element is not applicable:

Positions			
AS	*	IP	*
3-4		7 8	

* = Not Reported on ED and OP records. Maintain spacing.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Method of Anesthesia Used (Con't)

Examples:

        IP: *NTE*__UPI__*061010__20__ALR012072125080211 22   00000~*
        AS: *NTE*__UPI__*06__20__012072125080230211 22   00000~*

Data Element In Output Data Set: Yes

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Exempt Unit Indicator

Format-Length: AN - 3 (see below)

Data Edit Specifications			
AS	ED	IP	OP
N	N	R	N

Effective Date: January 1, 1994

Revision Date: March 2011

New York State Specific Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R 5010R	2300	NTE02	352		(none)
Paper Form	**Locator**	**Code Qualifier**	**Description**		**State Reporting Purposes**
Institutional - UB-04			SPARCS Specific Data Element		SPARCS Requires

Definition:

The code which identifies a discharge from a unit within the facility that is exempt from Diagnosis Related Group (DRG) reimbursement.

Codes and Values:

1.
"ALR"	=	Alcohol Rehabilitation
"ALC"	=	Alternate Level of Care
"CEP"	=	Comprehensive Psychiatric Emergency Program Observation
"DGR"	=	Drug Rehabilitation
"EP"I	=	Epilepsy
"EXH"	=	All Services at Hospital are Exempt
"MRH"	=	Medical Rehabilitation
"NDB"	=	Non-DRG Billable Claim
"PSY"	=	Psychiatric
"XYZ"	=	HIV- AIDS
"TB"	=	Traumatic Brain Injury
"VTD"	=	Ventilator Dependent

Edit Applications:

1. NTE segment is fixed width – required spacing must be maintained if element is not applicable:

Positions			
AS	ED	IP	OP
NR	NR	9-11	NR

Example:

    IP: *NTE*UPI* 06100120**ALR** 072125080211 22 00000~*

Data Element In Output Data Set: Yes

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Heart Rate on Arrival

Format-Length: AN - 3 (see below)

Data Edit Specifications			
AS	ED	IP	OP
N	S	S	N

Effective Date: July 1, 2007

Revision Date: March 2011

New York State Specific Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R 5010R	2300	NTE02	352		(none)

Paper Form	Locator	Code Qualifier	Description	State Reporting Purposes
Institutional - UB-04			SPARCS Specific Data Element	SPARCS Requires

Definition:

The patient heart rate in beats per minute (bpm) taken at first patient contact after arrival at this hospital for patients with a Principal/Primary Diagnosis of Acute Myocardial Infarction (AMI) 410.0x-410.9x.

Codes and Values:

1. Equals Patient Heart Rate on Arrival.

2. "888" = Undocumented in Medical Chart

3. "999" = Unknown (To be used only in circumstances where patient cannot have reading taken at time of arrival.)

4. "   " = Not applicable, (i.e. Principal/Primary Diagnosis is not in the range of 410.0x – 410.9x).

Edit Applications:

1. Must be greater than or equal to zero.
2. Must be reported when Principal/Primary Diagnosis Code equals 410.0x - 410.9x.
3. When reporting less than 3 digits, use leading zeros.
4. NTE segment is fixed width – required spacing must be maintained if element is applicable:

Positions			
AS	ED	IP	OP
8-10*	8-10	15-17	8-10*

* = Not reported in AS and OP records. Maintain spacing.

Examples:

> **IP:** *NTE*UPI*06100120ALR **072**125080211 22 00000~*
> **ED:** *NTE*UPI*0620 **072**125080230211 22 00000~*
> **AS,OP:** *NTE*UPI*0620   230211 22 00000~*

Data Element In Output Data Set: Yes

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Systolic Blood Pressure on Arrival

Format-Length: AN - 3 (see below)

Data Edit Specifications			
AS	ED	IP	OP
N	S	S	N

Effective Date: July 1, 2007　　　　　　　　　　　　**Revision Date:** March 2011

New York State Specific Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R 5010R	2300	NTE02	352		(none)
Paper Form	Locator	Code Qualifier	Description		State Reporting Purposes
Institutional - UB-04			SPARCS Specific Data Element		SPARCS Requires

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Definition:

The patient systolic blood pressure in mg/dl taken at first patient contact after arrival at this hospital for patients with a Principal/Primary Diagnosis of Acute Myocardial Infarction (AMI) 410.0x – 410.9x.

Codes and Values:

1. Equals Systolic Blood Pressure upon arrival.

2. "888" = Undocumented in Medical Chart

3. "999" = Unknown (To be used only in circumstances where patient cannot have reading taken at time of arrival.)

4. " " = Not applicable, (i.e. the Principal/Primary Diagnosis is not in the range of 410.0x – 410.9x).

Edit Applications:

1. Must be greater than or equal to zero.

2. Must be reported when Principal/Primary Diagnosis Code equals 410.0x - 410.9x.

3. When reporting less than 3 digits, use leading zeros.

4. NTE segment is fixed width – required spacing must be maintained if element is applicable:

Positions			
AS	ED	IP	OP
11-13*	11-13	18-20	11-13*

　　* = Not reported on AS and OP records. Maintain spacing.

Examples:

　　　　IP:　*NTE*UPI*06100120ALR　072**125**080211 22　00000~*
　　ED:　*NTE*UPI*0620　072**125**080230211 22　00000~*
　AS,OP:　*NTE*UPI*0620　　　　230211 22　00000~*

Data Element In Output Data Set: Yes

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Diastolic Blood Pressure on Arrival

Format-Length: AN - 3 (see below)

Data Edit Specifications			
AS	ED	IP	OP
N	S	S	N

Effective Date: July 1, 2007

Revision Date: March 2011

New York State Specific Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R 5010R	2300	NTE02	352		(none)
Paper Form	Locator	Code Qualifier	Description		State Reporting Purposes
Institutional - UB-04			SPARCS Specific Data Element		SPARCS Requires

Definition:

The patient diastolic blood pressure in mg/dl taken at first patient contact after arrival at this hospital for patients with a Principal/Primary Diagnosis of Acute Myocardial Infarction (AMI) 410.0x – 410.9x.

Codes and Values:

1. Equals Diastolic Blood Pressure Upon Arrival.

2. "888" = Undocumented in Medical Chart

3. "999" = Unknown (To be used only in circumstances where patient cannot have reading taken at time of arrival.)

4. " " = Not applicable, (i.e. the Principal/Primary Diagnosis is not in the range of 410.0x – 410.9x).

Edit Applications:

1. Must be greater than or equal to zero.
2. Must be reported when Principal/Primary Diagnosis Code equals 410.0x - 410.9x.
3. When reporting less than 3 digits, use leading zeros.
4. NTE segment is fixed width – required spacing must be maintained if element is applicable:

Positions			
AS	ED	IP	OP
14 - 16*	14 - 16	21 - 23	14 - 16*

* = Not reported in AS and OP records. Maintain spacing.

Examples:

IP:	*NTE*UPI*06100120ALR 072125**080**211 22 00000~*
ED:	*NTE*UPI*0620 072125**080**230211 22 00000~*
AS,OP:	*NTE*UPI*0620 230211 22 00000~*

Data Element In Output Data Set: Yes

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Procedure Time

Format-Length: AN – 3 (see below)

Date Edit Specifications			
AS	ED	IP	OP
R	N	N	N

Effective Date: January 1, 1994

Revision Date: March 2011

New York State Specific Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R 5010R	2300	NTE02	352		(none)

Paper Form	Locator	Code Qualifier	Description	State Reporting Purposes
Institutional - UB-04			SPARCS Specific Data Element	SPARCS Requires

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Definition:

The total time in hours and minutes that the patient was actually in the operating room exclusive of pre-op (preparation) and post-op (recovery) time. This time should have been calculated from actual entry into the ambulatory surgery procedure room and should have ended at actual departure from the ambulatory surgery procedure room.

Codes and Values:

1. Equals Procedure Time.

2. Hours must be "0" - "9" and minutes must be "00" - "59".

Edit Applications:

1. Must equal Procedure Time.

2. NTE segment is fixed width – required spacing must be maintained if element is not applicable:

Positions			
AS	ED	IP	OP
17-19	17-19*	NR	17-19*

Examples: (2 hours and 30 minutes)

AS: *NTE*UPI*0620   072125080**230**211 22 00000~*
ED,OP: *NTE*UPI*0620   072125080 211 22 00000~*

* = Not reported in ED and OP records. Maintain spacing.

Data Element In Output Data Set: Yes

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Source of Payment Typology I (SoP I)

Data Edit Specifications			
AS	ED	IP	OP
R	R	R	R

Format-Length: AN – 5 (see below)

Effective Date: July 1, 2009

Revision Date: March 2011

New York State Specific Mapping:

Electronic - 837I Version 4050R 5010R	X12 Loop 2300	Ref. Des. NTE02	Data Element 352	Code	X-12 Data Element Name (none)
Paper Form Institutional - UB-04	Locator	Code Qualifier	Description SPARCS Specific Data Element		State Reporting Purposes SPARCS Requires

Definition:

Source of Payment Typology (SoP) I is a hierarchical code list used to identify the payer expected to pay the MAJOR portion of the patient's bill. It provides a range of codes from broad categories to related sub-categories that are more specific. Report the expected payer using the greatest level of detail without sacrificing accuracy of the information.

Specific attention should be given to types of payment using Managed Care Plans (MCPs). MCPs operate multiple products (HMO and PPO). Medicare (federal) and Medicaid (state) fund different HMO programs/products within the Managed Care Plans companies. In order to determine the appropriate funding, the MCP should advise on the state or federal funding to accurately determine the source of payment.

Codes and Values:

    1. Equals a valid code in accordance with the Source of Payment Typology Codes in Appendix P.

Edit Applications:

    1. Source of Payment Typology I must be entered.

    2. Must be left justified and space-filled right.

    3. NTE segment is fixed width – required spacing must be maintained if element is not applicable:

Positions			
AS	ED	IP	OP
20-24	20-24	24-28	20-24

Examples:

    Medicaid HMO:
        IP: *NTE*UPI*06100120ALR 072125080**211** 0000000000~*
  AS, ED,OP: *NTE*UPI*0620   072125080230**211** 0000000000~*

    Family Health Plus:
        IP: *NTE*UPI*06100120ALR 072125080**2111** 0000000000~*
  AS, ED,OP: *NTE*UPI*0620   07212508023 0**2111** 0000000000~*

    Child Health Plus:
        IP: *NTE*UPI*06100120ALR 07212508 0**23** 0000000000~*
  AS, ED,OP: *NTE*UPI*0620   07212508023 0**23** 0000000000~*

    Dual Eligible:
        IP: *NTE*UPI*06100120ALR 072125080**211** **22** 00000~*
  AS, ED,OP: *NTE*UPI*0620   072125080230**211** **22** 00000~*

Data Element In Output Data Set: Yes

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Source of Payment Typology II (SoP II)

Format-Length: AN – 5 (see below)

Data Edit Specifications			
AS	ED	IP	OP
O	O	O	O

Effective Date: July 1, 2009   **Revision Date:** March 2011

New York State Specific Mapping:

Electronic - 837I	**X12 Loop**	**Ref. Des.**	**Data Element**	**Code**	**X-12 Data Element Name**
Version 4050R 5010R	2300	NTE02	352		(none)
Paper Form	**Locator**	**Code Qualifier**	**Description**		**State Reporting Purposes**
Institutional - UB-04			SPARCS Specific Data Element		SPARCS Requires

Definition:

Source of Payment Typology II (SoP II) is used to identify the secondary payer expected to pay a portion of the patient's bill if applicable.

Source of Payment Typology II is a hierarchical code list. It provides a range of codes from broad categories to related sub-categories that are more specific. Report the expected payer using the greatest level of detail without sacrificing accuracy of the information.

Specific attention should be given to types of payment using Managed Care Plans (MCPs). MCPs operate multiple products (HMO and PPO). Medicare (federal) and Medicaid (state) fund different HMO programs/products within the Managed Care Plans companies. In order to determine the appropriate funding, the MCP should advise on the state or federal funding to accurately determine the source of payment.

Codes and Values:

> 1. Equals a valid code in accordance with the Source of Payment Typology Codes in Appendix P.

Edit Applications:

> 1. Source of Payment Typology II must be entered.
> 2. Must be left justified and space-filled right.
> 3. NTE segment is fixed width – required spacing must be maintained if element is not applicable:

Positions			
AS	ED	IP	OP
25 - 29	25 - 29	29 - 33	25 - 29

Examples:

> **Medicaid HMO:**
> **IP:** *NTE*UPI*06100120ALR   07212508000000**211** 00000~*
> **AS, ED,OP:** *NTE*UPI*0620 07212508023000000**211** 00000~*
>
> **Family Health Plus:**
> **IP:** *NTE*UPI*06100120ALR   072125080000002**111** 00000~*
> **AS, ED,OP:** *NTE*UPI*0620 072125080230000002**111** 00000~*
>
> **Child Health Plus:**
> **IP:** *NTE*UPI*06100120ALR   0721250800000**23** 00000~*
> **AS, ED,OP:** *NTE*UPI*0620 072125080230000**23** 00000~*
>
> **Dual Eligible:**
> **IP:** *NTE*UPI*06100120ALR   072125080**211** **22** 00000~*
> **AS, ED,OP:** *NTE*UPI*0620 072125080230**211** **22** 00000~*

Data Element In Output Data Set: Yes

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Source of Payment Typology III (SoP III)

Format-Length: AN – 5 (see below)

Data Edit Specifications			
AS	ED	IP	OP
O	O	O	O

Effective Date: July 1, 2009

Revision Date: March 2011

New York State Specific Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2300	NTE02	352		(none)
5010R					
Paper Form	Locator	Code Qualifier	Description		State Reporting Purposes
Institutional - UB-04			SPARCS Specific Data Element		SPARCS Requires

Definition:

Source of Payment Typology III (SoPIII) is used to identify the third payer expected to pay a portion of the patient's bill if applicable.

Source of Payment Typology III is a hierarchical code list. It provides a range of codes from broad categories to related sub-categories that are more specific. Report the expected payer using the greatest level of detail without sacrificing accuracy of the information.

Specific attention should be given to types of payment using Managed Care Plans (MCPs). MCPs operate multiple products (HMO and PPO). Medicare (federal) and Medicaid (state) fund different HMO programs/products within the Managed Care Plans companies. In order to determine the appropriate funding, the MCP should advise on the state or federal funding to accurately determine the source of payment.

Codes and Values:

　　1. Equals a valid code in accordance with the Source of Payment Typology Codes in Appendix P.

Edit Applications:

　　1. Source of Payment Typology III must be entered.
　　2. Must be left justified and space-filled right.
　　3. NTE segment is fixed width – required spacing must be maintained if element is not applicable:

Positions			
AS	ED	IP	OP
30 - 34	30 - 34	34 - 38	30 - 34

Examples:

　　Medicaid HMO:
　　　　IP: *NTE*UPI*06100120ALR　072125080211　0000**00000**~*
　　AS, ED,OP: *NTE*UPI*0620　072125080230211 0000**00000**~*

　　Family Health Plus:
　　　　IP: *NTE*UPI*06100120ALR　0721250802111 0000**00000**~*
　　AS, ED,OP: *NTE*UPI*0620　0721250802302111 0000**00000**~*

　　Child Health Plus:
　　　　IP: *NTE*UPI*06100120ALR　07212508023　0000**00000**~*
　　AS, ED,OP: *NTE*UPI*0620　07212508023023　0000**00000**~*

　　Dual Eligible:
　　　　IP: *NTE*UPI*06100120ALR　072125080211　22　**00000**~*
　　AS, ED,OP: *NTE*UPI*0620　072125080230211　22　**00000**~*

Data Element In Output Data Set: Yes

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Principal Diagnosis Code List Qualifier

Format-Length: ID-3

Data Edit Specifications			
AS	ED	IP	OP
R	R	R	R

Effective Date: May 2003   **Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R 5010R	2300	HI01-1	1270	See below	Code List Qualifier Code
Paper Form Institutional - UB-04	Locator	Code Qualifier	Description		

Definition:

Code identifying a specific industry code list for principal diagnosis.

Codes and Values:

1. Versions 4050R, 5010R:
   "BK" = International Classification of Diseases Clinical Modification (ICD-9-CM) Principal Diagnosis.

2. Version 5010 R only:
   "ABK" = International Classification of Diseases Clinical Modification (ICD-10-CM) Principal Diagnosis (start date for reporting on or after October 1, 2013).

Edit Applications:

1. Must equal "BK" or "ABK" (5010R only).

2. "ABK" can only be used with discharge dates on or after October 1, 2013.

Data Element in Output Data Set: No

Note:

HI01-HI12 are required composite data elements. Component Element Separator (ISA16) must be used between segment data elements. See HI segment example below:

   Example: *HI*BK:63491*BJ:63491~*

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Principal Diagnosis Code
(Previously Principal/Primary Diagnosis Code)

Format-Length: AN - 6

Effective Date: January 1, 1994

Data Edit Specifications			
AS	ED	IP	OP
R	R	R	R

Revision Date: July 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R 5010R	2300	HI01-2	1271		Principal Diagnosis Code

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04	67	N/A	

Definition:

Overall, the Principal Diagnosis is the condition established after study to be chiefly responsible for occasioning the patient's visit for care. For discharge dates before October 1, 2013, the ICD9-CM coding rules for inpatient services will apply: For discharge dates on or after October 1, 2013, ICD-10 coding rules must be used. Discharge date, not admission date, dictate which coding must be applied when the change from the ICD9 to ICD10 occurs.

In the case of Inpatient stay (IP), the Principal Diagnosis represents the reason for the patient's care, it may not necessarily be the diagnosis which represents the greatest length of stay, the greatest consumption of resources, or the most life-threatening condition. Since the Principal Diagnosis reflects clinical findings discovered during the patient's care, it may differ from Admitting Diagnosis.

In the case of admission for ambulatory surgery services (AS) or outpatient services, the Principal Diagnosis is that diagnosis established to be chiefly responsible for occasioning the admission for the service.

In the case of emergency department visits (ED), the Principal Diagnosis Code is that diagnosis established to be chiefly responsible for occasioning the visit to the Emergency Department.

In the case of an Outpatient visit (OP), the Principle Diagnosis is that diagnosis chiefly responsible for occasioning the patient visit for care.

Note:

Codes and Values:

1. Equals a valid ICD code. To be valid, ICD codes must be entered at the most specific level to which they are classified in the ICD Tabular List. Three-digit codes further divided at the four-digit level must be entered using all four digits. Four-digit codes further sub-classified at the five-digit level must be entered using all five digits. Failure to enter all required digits in the diagnosis codes will cause the record to be rejected.

2. Must be entered exactly as shown in the ICD coding reference.

3. Inpatient Only:
   a. Manifestation and Unacceptable Principal Diagnosis conditions as indicated by the edit flag on the ICD-9-CM reference file are invalid.

   b. E-codes are not valid as Principal Diagnosis Codes. E-codes are reported in External Cause-of-Injury Code and Place-of-Injury Code.

4. Outpatient Only;
   E-codes are not valid entries.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Principal Diagnosis Code (Con't)

Edit Applications:

1. Must equal valid Principal Diagnosis Code.

2. Edits pertaining to ICD codes are validated on the basis of the Statement-Through Date and Expected Principal Reimbursement depending on conditions described in Appendix N, which include age-specific and sex-specific diagnosis code conditions.

3. AS, Emergency Department and Inpatient Only: Diagnosis codes reported in the range of 800.00-999.99 require the reporting of a valid External Cause-of-Injury Code unless listed as an exception in Appendix N.

4. Inpatient and Emergency Department Only:
   If the Principal/Primary Diagnosis is reported as Acute Myocardial Infarction (AMI) 410.0x - 410.9x, then Heart Rate on Arrival, Systolic Blood Pressure on Arrival and Diastolic Blood Pressure on Arrival must be reported.

5. Inpatient Only:
   a. If the Principal Diagnosis is reported as Newborn the Neonate Birth Weight and Mother's Medical Record Number for Newborn Child must be reported. When the Neonate Birth Weight is reported as less than 1500 grams, and the New York State Patient Status is reported as code "01" home, then the Length of Stay must be greater than 10 days.

   b. When the edit flag on the ICD reference file indicates an "unacceptable principal diagnosis without a secondary diagnosis", an Other Diagnosis Code 1 must be reported.

Data Element in Output Data Set: Yes

Note:

HI01-HI12 are required composite data elements. Component Element Separator (ISA16) must be used between segment data elements. See HI segment example below.

     Example: *HI*BK:63491*BJ:63491~*

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Admitting Diagnosis Code List Qualifier

Format-Length: ID-3

Data Edit Specifications			
AS	ED	IP	OP
N	N	R	N

Effective Date: May 2003   **Revision Date:** March 2011

National Standard Mapping:

Electronic - 0837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2300	HI02-1	1270	See below	Code List Qualifier Code
5010R	2300	HI01-1*	1270		

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04	N/A	N/A	

* **=** Note difference between versions.

Definition:

Code identifying a specific industry code list for admitting diagnosis.

Codes and Values:

1. Versions 4050R, 5010R:
   "BJ" = International Classification of Diseases Clinical Modification (ICD-9-CM) Admitting Diagnosis.

2. Version 5010R only:
   "ABJ" = International Classification of Diseases Clinical Modification (ICD-10-CM) Admitting Diagnosis Start Date for Reporting on or after October 1, 2013.

Edit Applications:

1. Must equal "BJ" or "ABJ" (5010R only).

2. "ABJ" can only be used with discharge dates on or after October 1, 2013.

Data Element in Output Data Set: No

Note:

1. HI01-HI12 are required composite data elements. HI05-HI12 are used for claims that have a third through tenth E-code, respectively. Component Element Separator (ISA16) must be used between segment data elements. See HI segment example below.

   Example: *HI*BK:63491*BJ:63491~*

2. The reference designator for Data Element 1270 Loop ID 2300 in the ASCX12N Version 4050R is HI02-1. In the ASC X12 Version 5010R the reference designator is listed as HI01-1.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Admitting Diagnosis Code

Format-Length: AN - 6

Data Edit Specifications			
AS	ED	IP	OP
N	N	R	N

Effective Date: January 1, 1994

Revision Date: March 2011

National Standard Mapping:

Electronic - 0837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2300	HI02-2	1271		Admitting Diagnosis Code
5010R		HI01-2*	1271		
Paper Form	Locator	Code Qualifier	Description		
Institutional - UB-04	69	N/A			

* = Note difference between versions.

Definition:

The diagnosis provided by the practitioner at the time of admission which describes the patient's condition upon admission to the hospital. The ICD-CM diagnosis code describing the admitting diagnosis as a significant finding representing patient distress, an abnormal finding on examination, a possible diagnosis based on significant findings, a diagnosis established from a previous encounter of admission, an injury, a poisoning, or a reason or condition (not an illness or injury) such as a follow-up or pregnancy in labor. Report only one admitting diagnosis. Since the Admitting Diagnosis is formulated before all tests and examinations are complete, it may be stated in the form of a problem or symptom and it may differ from any of the final diagnoses recorded in the medical record.

For discharge dates before October 1, 2013, the ICD9-CM coding rules for inpatient services will apply: For discharge dates on or after October 1, 2013, ICD-10 coding rules must be used. Discharge date, not admission date, dictate which coding must be applied when the change from the ICD9 to ICD10 occurs.

Codes and Values:

1. Equals a valid ICD code. To be valid, ICD codes must be entered at the most specific level to which they are classified in the ICD Tabular List. Three-digit codes further divided at the four-digit level must be entered using all four digits. Four-digit codes further subclassified at the five-digit level must be entered using all five digits. Failure to enter all required digits in the diagnosis codes will cause the record to be rejected.

2. Must be entered exactly as shown in the ICD coding reference.

3. E-codes are not valid as Admitting Diagnosis Codes. E-codes are reported in External Cause-of-Injury Code and Place-of-Injury Code.

Edit Applications:

1. Must equal Admitting Diagnosis Code.

2. Edits pertaining to ICD codes are validated on the basis of the Statement-Through Date and Expected Principal Reimbursement depending on conditions described in Appendix N, which include age-specific and sex-specific diagnosis code conditions.

Data Element in Output Data Set: Yes

Note:

1. The reference designator for Data Element 1271 Loop 2300 is listed as HI02-2 in the 837 ASCX12 Version 4050R. Version 5010R lists this designator as HI01-2, however.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Patient Reason For Visit Code List Qualifier

Format-Length: AN – 6

Data Edit Specifications			
AS	ED	IP	OP
R	R	N	N

Effective Date: 1/1/94

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2300	HI02-1	1270	See below	Code List Qualifier Code
5010R		HI01-1* thru HI03-1	1270		

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04	70a-c	N/A	

* = Note difference between versions.

Definition:

Code identifying a specific industry code for patient reason for visit.

Codes and Values

1. <u>Version 4050R, 5010R</u>**:**
    "PR" = International Classification of Diseases Clinical Modification (ICD-9-CM) Patient's Reason for Visit

2. <u>Version 5010R only</u>:
    APR = International Classification of Diseases Clinical Modification (ICD-10-CM) Patient's Reason for Visit

Edit Applications:

1. Must equal "PR" or "APR" (5010R only).

2 "APR" can only be used with discharges on or after October 1, 2013.

Data Element in Output Data Set: No

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Patient Reason For Visit Code

Format-Length: AN – 6

Data Edit Specifications			
AS	ED	IP	OP
R	R	N	N

Effective Date: 1/1/94

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2300	HI02-2	1271		Patient Reason For Visit
5010R		HI01-2* thru HI03-2	1271		

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04	70a-c	N/A	

* = Note difference between versions.

Definition:

The diagnosis describing the patient's stated reason for seeking care (or as stated by the patient's representative). This may be a condition representing patient distress, an injury, a poisoning, or a reason or condition (not an illness or injury) such as follow-up or pregnancy in labor. Report the diagnosis code(s) describing the patient's primary reason for seeking care. Reporting the decimal between the third and fourth digits is unnecessary because it is implied. In the 5010R Version, you can repeat up to three reasons.

For discharge dates before October 1, 2013, the ICD9-CM coding rules for inpatient services will apply: For discharge dates on or after October 1, 2013, ICD-10 coding rules must be used. Discharge date, not admission date, dictate which coding must be applied when the change from the ICD9 to ICD10 occurs.

Codes and Values:

1. Enter a valid ICD-9-CM code. To be valid, ICD-9-CM codes must be entered at the most specific level to which they are classified in the ICD-9-CM Tabular List. Three-digit codes further divided at the four-digit level must be entered using all four digits. Four-digit codes further sub-classified at the five-digit level must be entered using all five digits. Failure to enter all required digits in the diagnosis codes will cause the record to be rejected.

2. Must be entered exactly as shown in the ICD-9-CM coding reference.

   Example: *HI*BK:63491****PR:63491***~*

Edit Applications:

1. **Ambulatory Surgery Only:**
   Edits pertaining to ICD-9-CM codes are validated on the basis of the Statement-Through Date and Expected Principal Reimbursement depending on conditions described in Appendix N, which include age-specific and sex-specific diagnosis code conditions.

2. **Emergency Department Only:**
   Edits pertaining to ICD-9-CM codes are validated on the basis of the Statement-Through Date depending on conditions described in Appendix N, which include age-specific and sex-specific diagnosis code conditions.

Data Element in Output Data Set: Yes

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: External Cause-of-Injury Code List Qualifier

Data Edit Specifications			
AS	ED	IP	OP
S	S	S	S

Format-Length: ID-3

Effective Date: May 2003   **Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2300	HI03-1 thru HI12-1	1270	See Below	Code List Qualifier Code
5010R		HI01-1 thru HI02-1*			

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04	N/A	N/A	

* = Note difference between versions.

Definition:

Code identifying a specific industry code list for external cause of injury for external cause of injury.

Codes and Values:

1. Versions 4050R, 5010R:
   "BN" = International Classification of Diseases Clinical Modification (ICD-9-CM) External Cause of Injury Code (E-Codes).

2. Version 5010R only:
   "ABN" = International Classification of Diseases Clinical Modification (ICD-10-CM) External Cause of Injury Code (Start Date for reporting is October 1, 2013).

Edit Applications:

1. Must equal "BN" or "ABN" (5010R only).

2. "ABN" can only be used with discharge dates on or after October 1, 2013.

Data Element in Output Data Set: No

Notes:

HI01-HI12 are composite data elements. Component Element Separator (ISA16) must be used between segment data elements.
See HI segment example below.

    Example: *HI*BK:63491*BJ:63491~*

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: External Cause-of-Injury (ECI) Code
(Previously External Cause-of-Injury and Place of Injury were listed as two distinct data elements. They are now combined.)

Format-Length: AN - 6

Data Edit Specifications			
AS	ED	IP	OP
S	S	S	N

Effective Date: January 1, 1990

Revision Date: July 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2300	HI03-2 thru HI12-2	1271		External Cause of Injury Code
5010R		HI01-2 to HI12-2*	1271		

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04	72 a-c	N/A	

* = Note difference between versions.

Definition:

The ICD-9-CM diagnosis code pertaining to the external cause of injury, poisoning or adverse effect. Practitioners should complete this item whenever there is a diagnosis of an injury, poisoning, or adverse effect. Assign your external cause of injury based on the priority of: (1) having a principal diagnosis of an injury or poisoning, (2) other diagnosis of an injury, poisoning, or adverse effect directly related to the principal diagnosis, and (3) other diagnosis with an external cause. The place of injury code further identifies the place where the injury reported in the ECI code occurred.

For discharge dates before October 1, 2013, the ICD9-CM coding rules for inpatient services will apply: For discharge dates on or after October 1, 2013, ICD-10 coding rules must be used. Discharge date, not admission date, dictate which coding must be applied when the change from the ICD9 to ICD10 occurs.

Codes and Values:

1. A valid ICD-CM "E" code. To be valid, the code must be entered at the most specific level classified in the ICD-CM Tabular List. Three-digit codes further divided to the four-digit level must be entered using all four digits plus the prefix letter "E". Failure to enter the prefix "E" and all required digits will cause the record to reject.

2. Must include the prefix letter "E" and all digits entered exactly as shown in the ICD-CM coding reference.

3. E-Code ranges E849.0-E849.9 and E930.0-E949.9 are invalid.

Edit Applications:

1. Must equal "External Cause of Injury Code" or "External Place of Injury"

2. <u>AS, Emergency Department and Inpatient Only:</u>   A valid entry is required in this field when either the Principal Diagnosis Code or Other Diagnosis Code 1-24 reported are in the range 800.00-999.99 unless listed as an exception in Appendix N.

3. When an External Cause-of-Injury Code in the range of E850.0-E869.9 or E880.0-E928.9 is reported, then a Place- of-Injury Code must also be reported. External Place of Injury codes in the range E849.0 – E849.9 are the only valid entries.

   Example: HI*BK:63491*BJ:63491*BN:E8802*BN:E8498~

Data Element in Output Data Set: Yes. Two data elements are on the output file from this data element: "External Cause-of-Injury Code" and "Place of Injury Code".

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: External Cause-of-Injury (ECI) Code (Con't).

Notes:

HI01-HI12 are required composite data elements. HI05-HI12 are used for claims that have a third through tenth E-code, respectively. Component Element Separator (ISA16) must be used between segment data elements. See HI segment example below.

       Example: *HI*BK:63491*BJ:63491~*

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Other Diagnosis Code Qualifier 1-24

Data Edit Specifications			
AS	ED	IP	OP
O	O	O	O

Format-Length: ID – 3

Effective Date: January 1, 1994   **Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2300	HI01-1 thru	1270	See Below	Code List Qualifier Code
5010R		HI12-1			

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04			

Definition:

Code identifying a specific industry code list for other diagnosis.

Codes and Values:

1. Versions 4050R, 5010R:
   "BF" = International Classification of Diseases Clinical Modification (ICD9-CM) Diagnosis.

2. Version 5010R only:
   "ABF" = International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis.

Edit Applications:

1. Must equal "BF" or "ABF" (5010R only).

2. "ABF" can only be used with discharge dates on or after October1, 2013.

Data Element in Output Data Set: No

Note:

1. HI01-HI12 are required composite data elements. Component Element Separator (ISA16) must be used between segment data elements. See HI segment example below.

   Example reporting HI01 thru HI06:

   HI***BF**:99591:::::N***BF**:5789:::::N***BF**:2851:::::N***BF**:5849:::::N***BF**:40391:::::Y***BF**:4538:::::Y~

2. A second repeat of these segments may be used to report Other Diagnosis Codes 13 to 24.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Other Diagnosis Code 1-24

Format-Length: AN – 30

Data Edit Specifications			
AS	ED	IP	OP
O	O	O	O

Revision Date: July 2011

Effective Date: January 1, 1994
National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2300	HI01-2	1271		Other Diagnosis
5010R		thru HI12-2			

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04	67A-Q		

Definition:

Other Diagnoses include all conditions that coexist at the time of admission or service, or develop subsequently, which affect the treatment received and/or length of stay. Diagnoses that relate to an earlier episode which have no bearing on the current stay are to be excluded.

Conditions should be coded that affect patient care in terms of requiring: clinical evaluation, therapeutic treatment, diagnostic procedures, extended length of stay, or increased nursing care and/or monitoring.

Codes and Values:

1. Equals a valid ICD code. To be valid, ICD codes must be entered at the most specific level to which they are classified in the ICD Tabular List. Three-digit codes further divided at the four-digit level must be entered using all four digits. Four-digit codes further subclassified at the five-digit level must be entered using all five digits. Failure to enter all required digits in the diagnosis codes will cause the record to be rejected.

2. E-codes are valid as Other Diagnosis Codes.

3. Code as entered exactly in the ICD coding reference.

4. **Inpatient Only (prior to 1/1/99):**
   Only E-codes in the range of E930.0 - E949.9 are valid as Other Diagnosis Codes. Other E-codes are to be reported in External Cause-of-Injury Code.

5. If this field is not applicable it must contain blanks.

Edit Applications:

1. Must equal Other Diagnosis Code.
2. AS, Emergency Department and Inpatient Only: Diagnosis codes reported in the range of 800.00-999.99 require the reporting of a valid External Cause-of-Injury Code unless listed as an exception in Appendix N.

Data Element in Output Data Set: Yes

Note:

1. HI01-HI12 are required composite data elements. HI02-HI12 are used for claims that have a second through twelfth Other Diagnosis Code, respectively. Component Element Separator (ISA16) must be used between segment data elements. See HI segment example below.

   Example reporting HI01 thru HI06:

   HI*BF:**99591**:::::N*BF:**5789**:::::N*BF:**2851**:::::N*BF:**5849**:::::N*BF:**40391**:::::Y*BF:**4538**:::::Y~

2. A second repeat of these segments may be used to report Other Diagnosis Codes 13 to 24.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Present on Admission Indicator 1-24

Format-Length: ID-1

Data Edit Specifications			
AS	ED	IP	OP
N	N	S	N

Effective Date: January 1, 1994   **Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2300	HI01-9 thru	1073	See below	Present on Admission
5010R		HI12-9			Indicator

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04	67		

Definition:

The Present on Admission Indicator Code is used to identify the diagnosis onset as it relates to the diagnosis reported in the Other Diagnosis Code. The Present on Admission Indicator on Other Diagnoses indicates whether the onset of the diagnosis preceded or followed admission to the hospital.

Effective January 1, 2011 all claims involving inpatient admissions to general acute care hospital or other facilities that are subject to a law or regulation (e.g. Deficit Reduction Act of 2005) are mandated to collect present on admission information, or as mutually agreed to under contract with an insurance company.

Codes and Values:

1. "Y" = Yes. Present at the time of inpatient admission.

    "N" = No. Not present at the time of inpatient admission.

    "U" = Unknown. The documentation is insufficient to determine if condition is present on admission.

    "W" = Clinically Undetermined. The provider is unable to clinically determine whether condition was present on admission or not.

    "1" or blank = Exempt from POA reporting for selected ICD-CM codes. (A value of "1" is preferred over a blank).

Edit Applications:

1. Must equal "Y", "N", "U", "W", "1", or blank.

2. If an Other Diagnosis Code 1-24 is reported, there must be a corresponding Present on Admission Indicator coded appropriately, except for E-codes.

3. If Present on Admission Indicator is entered, Other Diagnosis Code 1-24 must also be reported.

4. If Present on Admission Indicator is equal to 1 or blank, the associated Other Diagnosis Code 1-24 must be listed as an exempt code in the ICD-9-CM Reporting Guidelines.

Data Element in Output Data Set: Yes

Note:
1. HI01-HI12 are required composite data elements. Component Element Separator (ISA16) must be used between segment data elements. See HI segment example below.

2. A second repeat of these segments may be used to report Other Diagnosis Codes 13 to 24.

Example: HI*BF:99591:::::**N***BF:5789:::::**N***BF:2851:::::**N***BF:5849:::::**N***BF:40391:::::**Y***BF:4538:::::**Y**~

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Principal Procedure Code List Qualifier

Format-Length: ID - 3

Data Edit Specifications			
AS	ED	IP	OP
N	N	R	N

Effective Date: January 1, 1994   **Revision Date:** March 2011

National Standard Mapping:-

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2300	HI01-1	1270	See	Code List Qualifier
5010R				Below	

Paper Form	Locator	Code Qualifier	Description		
Institutional - UB-04	N/A	N/A			

Definition:

Code identifying a specific industry code list for principal procedure. For discharge dates before October 1, 2013, the ICD9-CM coding rules for inpatient services will apply: For discharge dates on or after October 1, 2013, ICD-10 coding rules must be used. Discharge date, not admission date, dictate which coding must be applied when the change from the ICD9 to ICD10 occurs.

Codes and Values:

  1. Version 4050R, 5010R:
    "BR" = International Classification of Diseases Clinical Modification (ICD-9) Principal Procedure Codes.

  2. Version 5010R:
    "BBR" = International Classification of Diseases Clinical Modification (ICD-10) Principal Procedure Codes.

Edit Applications:

  1. Must equal "BR" or "BBR "(5010R only).

  2. "BBR" can only be used with discharges on or after October 1, 2013.

Data Element in Output Data Set: No

Note:

HI01 is a required composite data element. Component Element Separator (ISA16) must be used between segment data element. See HI segment example below.

  Example: *HI*__BR__:3614:D8:20060413~*

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Principal Procedure Code

Format-Length: AN - 7

Data Edit Specifications			
AS	ED	IP	OP
N	N	R	N

Effective Date: 1/1/94

Revision Date: March 2011

National Standard Mapping:-

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R 5010R	2300	HI01-2	1271		Principal Procedure Code

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04	74		

Definition:

The principal procedure is one that is performed for definitive treatment rather than one performed for diagnostic or exploratory purposes, or was necessary to take care of a complication. A significant procedure is one that is surgical in nature, carries a procedural risk, carries an anesthetic risk, or requires specialized training. Surgery includes incision, excision, amputation, introduction, endoscopy, repair, destruction, suture, and manipulation.

If there appear to be two procedures that are principal, then the one most related to the Principal diagnosis should be selected as the principal procedure. When more than one procedure is reported, the principal procedure is to be designated. For discharge dates before October 1, 2013, the ICD9-CM coding rules for inpatient services will apply: For discharge dates on or after October 1, 2013, ICD-10 coding rules must be used. Discharge date, not admission date, dictate which coding must be applied when the change from the ICD9 to ICD10 occurs.

Codes and Values:

A valid ICD Procedure Code.

Edit Applications:

1. Must equal Principal Procedure Code.

2. If this field is not applicable it must be blank.

3. If the Principal Procedure Code is entered, the Operating Physician State License Number and Principal Procedure Date must also be reported.

4. Edits pertaining to ICD codes are validated on the basis of the Statement-Through Date and Expected Principal Reimbursement depending on conditions described in Appendix N, which include sex-specific procedure code conditions.

Data Element in Output Data Set: Yes

Note:

HI01 is a required composite data element. Component Element Separator (ISA16) must be used between segment data element. See HI segment example below.

Example: *HI*BR:**3614**:D8:20060413~*

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Principal Procedure Date Format Qualifier

Format-Length: ID-3

Data Edit Specifications			
AS	ED	IP	OP
N	N	R	N

Effective Date: January 1, 1994

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2300	HI01-3	1250	See	Principal Procedure Date
5010R				below	Format Qualifier
Paper Form	Locator	Code Qualifier	Description		
Institutional - UB-04					

Definition:

Code indicating the date format.

Codes and Values:

    1. "D8" = Date Expressed in Format "CCYYMMDD".

Edit Applications:

    1. Must Equal "D8"

Data Element in Output Data Set: No

Notes:

HI01 is a required composite data element. Component Element Separator (ISA16) must be used between segment data elements. See HI segment example below.

Example*: HI*BR:3614:**D8**:20060413~*

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Principal Procedure Date

Format-Length: N - 8

Data Edit Specifications			
AS	ED	IP	OP
N	N	R	N

Effective Date: January 1, 1994   **Revision Date:** March 2011

National Standard Mapping:-

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2300	HI01-4	1251		Principal Procedure Date
5010R					

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04	74		

Definition:

The date the Principal Procedure was performed.

Codes and Values:

   1. Equal to Principal Procedure Date.

Edit Applications:

   1. Must equal Principal Procedure Date.

   2. Must be in format CCYYMMDD = Century Year Month Day.

   3. Must be a valid date in accordance with the Date Edit Validation Table in Appendix A.

   4. Date must be no more than three (3) days prior to the Admission Date and before or the same as Statement-Through Date.

   5. If Principal Procedure Date is entered, the Operating Physician State License Number and Principal Procedure Code must also be reported.

Data Element in Output Data Set: Yes

Note:

HI01 is a required composite data element. Component Element Separator (ISA16) must be used between segment data element. See HI segment example below.

Example: HI*BR:3614:D8:**20060413**~

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Other Procedure Code Qualifier 1-14

Format-Length: ID-3

Data Edit Specifications			
AS	ED	IP	OP
N	N	O	N

Effective Date: January 1, 1994

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2300	HI01-1	1270	See	Code List Qualifier Code
5010R				Below	

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04			

Definition:

Code identifying a specific industry code list for Other Procedures.

For discharge dates before October 1, 2013, the ICD9-CM coding rules for inpatient services will apply: For discharge dates on or after October 1, 2013, ICD-10 coding rules must be used. Discharge date, not admission date, dictate which coding must be applied when the change from the ICD9 to ICD10 occurs.

Codes and Values:

1. Versions 4050R, 5010R:
   "BQ" = International Classification of Diseases Clinical Modification (ICD-9) Other Procedure Codes.

2. Version 5010R:
   "BBQ" = International Classification of Diseases Clinical Modification (ICD-10).

Edit Applications:

1. Must equal "BQ" or "BBQ" (5010R only).

2. "BBQ" can only be used with discharge dates on or after October 1, 2013.

Data Element in Output Data Set: No

Note:

1. HI01-HI12 are required composite data elements. HI02-HI12 are used for claims that have a second through twelfth Other Procedure Code, respectively. Component Element Separator (ISA16) must be used between segment data elements. See HI segment example below.

2. A second repeat of these segments may be used to report Other Procedure Codes 13 and 14. Although all other procedure codes for a claim may be entered on two iterations of this composite segment, SPARCS currently only processes the first fourteen (14) Other Procedure Codes.

   Example: HI*BQ:3963:D8:20060413*BQ:3964:D8:20060413~

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Other Procedure Code 1-14

Format-Length: AN -7

Data Edit Specifications			
AS	ED	IP	OP
N	N	O	N

Effective Date: January 1, 1994

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2300	HI02-2 thru	1271		Procedure Code
5010R		HI12-2			

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04	74 a-e		

Definition:

All significant procedures other than the Principal Procedure Code are to be reported here, as space allows. They are reported in order of significance, starting with the most significant.

A significant procedure is one that is surgical in nature, carries a procedural risk, carries an anesthetic risk, or requires specialized training. Surgery includes incision, excision, amputation, introduction, endoscopy, repair, destruction, suture, and manipulation.

For discharge dates before October 1, 2013, the ICD9-CM coding rules for inpatient services will apply: For discharge dates on or after October 1, 2013, ICD-10 coding rules must be used. Discharge date, not admission date, dictate which coding must be applied when the change from the ICD9 to ICD10 occurs.

Codes and Values:

    1. A valid ICD Procedure Code.

Edit Applications:

    1. Must equal a valid ICD Procedure Code to report Other Procedure.

    2. Must be entered exactly as shown in the ICD-9-CM coding reference

    3. If this field is not applicable it must be blank.

    4. If Other Procedure Code 1-14 is entered the corresponding Other Procedure Date 1-14 must also be reported.

    5. Edits pertaining to ICD-9-CM codes are validated on the basis of the Statement Through Date and Expected Principal Reimbursement depending on conditions described in Appendix N, which include sex-specific procedure code conditions.

Data Element in Output Data Set: Yes

Note:

1. HI01-HI12 are required composite data elements. Component Element Separator (ISA16) must be used between segment data elements. See HI segment example below.

2. A second repeat of these segments may be used to report Other Procedure Codes 13 through 24. Although all other procedure codes for a claim may be entered on two iterations of this composite segment, SPARCS currently only processes the first fourteen (14) Other Procedure Codes.

    Example: HI*BQ:**3963**:D8:20060413*BQ:**3964**:D8:20060413~

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Other Procedure Date Format Qualifier

Format-Length: ID-3

Data Edit Specifications			
AS	ED	IP	OP
N	N	O	N

Effective Date: January 1, 1998

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2300	HI01-3 thru	1250	See	Date Time Period Format
5010R		HI12-3		below	Qualifier

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04			

Definition:

Code indicating the date format for Other Procedures.

Codes and Values:

1. "D8" = Date Expressed in Format CCYYMMDD.

Edit Applications:

1. Must equal "D8"

Data Element in Output Data Set: Yes

Note:

1. HI01-HI12 are required composite data elements. Component Element Separator (ISA16) must be used between segment data elements. See HI segment example below.

2. A second repeat of these segments may be used to report Other Procedure Codes 13 and 14. Although all other procedure codes for a claim may be entered on two iterations of this composite segment, SPARCS currently only processes the first fourteen (14) Other Procedure Codes.

   Example: *HI*BQ:3963:D8:20060413*BQ:3964:D8:20060413~*

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Other Procedure Date 1 - 14

Format-Length: N-8

Data Edit Specifications			
AS	ED	IP	OP
N	N	O	N

Effective Date: January 1, 1998

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2300	HI01-4 thru	1251		Date Time Period
5010R		HI12-4			

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04	74a-e		

Definition:

The date the significant other procedure was performed.

Codes and Values:

1. Equal to Other Procedure Date.

Edit Applications:

1. Must equal Other Procedure Date.

2. Must be in format CCYYMMDD = Century Year Month Day

3. Must be a valid date in accordance with the Date Edit Validation Table in Appendix A.

4. If Other Procedure Date 1-14 is entered, the corresponding Other Procedure Code 1-14 must also be entered.

5. Date must be no more than three (3) days prior to the Admission Date and before or the same as Statement Through Date.

Data Element in Output Data Set: Yes

Note:

1. HI01-HI12 are required composite data elements. HI02-HI12 are used for claims that have a second through twelfth Other Procedure Code, respectively. Component Element Separator (ISA16) must be used between segment data elements. See HI segment example below.

2. A second repeat of these segments may be used to report Other Procedure Codes 13 through 24. Although all other procedure codes for a claim may be entered on two iterations of this composite segment, SPARCS currently only processes the first fourteen (14) Other Procedure Codes.

    Example: *HI*BQ:3963:D8:**20060413***BQ:3964:D8:**20060413**~*

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Occurrence Span Code List Qualifier

Format-Length: ID – 3

Data Edit Specifications			
AS	ED	IP	OP
N	N	S	N

Effective Date: May 2003　　　　　　　　　　　　　　　　**Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2300	HI01-1 thru	1270	BI	Code List Qualifier Code
5010R		HI12-1			

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04	N/A	N/A	

Definition:

Code identifying a specific industry code list.

Codes and Values:

    1. "BI" = Occurrence Span

Edit Applications:

    1. Must equal "BI"

Data Element in Output Data Set: No

Notes:

1. HI01-HI12 are required composite data elements. Component Element Separator (ISA16) must be used between segment data elements. SPARCS allows a maximum of 30 Occurrence Spans. See HI segment example below.

2. Reportable Occurrence Span Code conditions may be coded in any order, and may be reported multiple times. This HI segment may be reported 2 times as indicated in the 837 Implementation Guides.

    Example: *HI*BI:74:RD8:20060413-20060414~*

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Occurrence Span Code

Format-Length: AN-2

Data Edit Specifications			
AS	ED	IP	OP
N	N	S	N

Effective Date: January 1, 1994

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2300	HI01-2 thru	1271	See	Occurrence Span Code
5010R		HI12-2		Below	

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04	35-36		

Definition:

The code which identifies the specific Type of Alternate Level of Care (ALC) required for a patient determined to need a level of care other than acute during their hospitalization and the corresponding from and through span dates; **OR** the span dates that identify when a patient was in Leave of Absence (LOA) status.

Codes and Values:

1. "74" = Non-covered Level of
       Care / Leave of Absence Dates: The from/through dates of a period at a non-covered level of care or leave of absence in an otherwise covered stay.

    "75" = SNF Level of Care Dates: The from/through dates of a period of SNF Level of care during an inpatient hospital stay.

    "81" = Home Health Services (Code removed November 2010).

    "82" = Other Institution (Code removed November 2010).

Edit Applications:

1. Must equal "74", "75", "81", or "82".

2. "81", "82", only valid for discharge dates prior to November 2010.

3. If an Occurrence Span Code is reported, then a valid Occurrence Span Code From and Through Date must also be reported.

4. The Occurrence Span Code From Date must be on or before the Occurrence Span Code Through Date for each Occurrence Span Code that is reported.

5. The Occurrence Span Code From and Through dates must be within the stay as defined by the Admission Date/Start of Care and the Statement Through Date.

Data Element in Output Data Set: Yes

Notes:

1. HI01-HI12 are required composite data elements. Component Element Separator (ISA16) must be used between segment data elements. SPARCS allows a maximum of 30 Occurrence Spans. See HI segment example below.

2. Reportable Occurrence Span Code conditions may be coded in any order, and may be reported multiple times. This HI segment may be reported 2 times as indicated in the 837 Implementation Guides.

   Example: *HI*BI:74:RD8:**20060413-20060414~***

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Occurrence Span Date Range Format Qualifier

Format-Length: ID-3

Data Edit Specifications			
AS	ED	IP	OP
N	N	S	N

Effective Date: May 2003

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2300	HI01-3 thru	1250	See	Date Time Period Format
5010R		HI12-3		below	Qualifier

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04			

Definition:

Code indicating the date format for Occurrence Span Date Range.

Codes and Values:

    1. "RD8" = Date range expressed in format CCYYMMDD -CCYYMMDD.

Edit Applications:

    1. Must equal "RD8"

Data Element in Output Data Set: No

Note:

1. HI01-HI12 are required composite data elements. Component Element Separator (ISA16) must be used between segment data elements. See HI segment example below.

2. A second repeat of this segment may be used to report Other Occurrence Span Dates.

    Example: *HI*BQ:3963:**RD8**:20060413-20060420*BQ:3964:**RD8**:20060413-20060420~*

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Occurrence Span Dates for ALC and LOA

Data Edit Specifications			
AS	ED	IP	OP
N	N	S	N

Format-Length: AN -35

Effective Date: January 1, 1994

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2300	HI01-4 thru	1251		Occurrence Span Code
5010R		HI12-4			Associated Date

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04	35-36		

Definition:

Expression of a range of dates, or date for Alternate Level of Care (ALC) and Leave of Absence (LOA).

Codes and Values:

    1. Enter the Occurrence Span Dates.

Edit Applications:

    1. Must equal Occurrence Span Date Range.

    2. Must be entered in "CCYYMMDD-CCYYMMDD format.

    3. The Dates must be valid in accordance with the Date Edit Validation Table in Appendix A.

Data Element in Output Data Set: Yes

Note:

1. HI01-HI12 are required composite data elements. Component Element Separator (ISA16) must be used between segment data elements. See HI segment example below.

    Example: *HI*BI:74:RD8:**20060413-20060414**~*

2. Reportable Occurrence Span dates may be coded in any order and may be reported multiple times. This HI segment may be reported 2 times as indicated in the 837 Implementation Guides.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Occurrence Information Code List Qualifier

Format-Length: ID – 3

Data Edit Specifications			
AS	ED	IP	OP
O	O	O	O

Effective Date: January 1, 1994   **Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2300	HI01-1 thru	1270	BH	Code List Qualifier Code
5010R		H112 - 1			
Paper Form	Locator	Code Qualifier	Description		
Institutional - UB-04					

Definition:

Code identifying a specific industry code list for occurrence information.

Codes and Values:

1. "BH" = Occurrence

Edit Applications:

1. May equal "BH"

Data Element in Output Data Set: No

Note:

1. HI01-HI12 are required composite data elements. Component Element Separator (ISA16) must be used between segment data elements. See HI segment example below.

    Example: *HI*BI:74:RD8:**20060413-20060414**~*

2. Reportable Occurrence Information may be coded in any order and may be reported multiple times. This HI segment may be reported 2 times as indicated in the 837 Implementation Guides.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Occurrence Information Code

Format-Length: AN-2

Data Edit Specifications			
AS	ED	IP	OP
O	O	O	O

Effective Date: January 1, 1994   **Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2300	HI01-2 thru	1271	See	
5010R		H112-2		below	
Paper Form	Locator	Code Qualifier	Description		
Institutional - UB-04	31-34				

Definition:

The code which identifies the specific significant event relating to the bill that may affect payer processing..

Codes and Values:

1. "01"   Accident /Medical Coverage   Code indicating accident-related injury for which there is
                                             medical payment coverage. Provide the date of accident/injury.

   "02"   No Fault Insurance Involved –   Code indicating the date of an accident including auto or other
           Including Auto Accident/Other   where state has applicable no fault liability laws (i.e., legal basis
                                             for settlement without admission of proof of guilt).

   "03"   Accident /Tort Liability   Code indicating the date of an accident resulting from a
                                             third party's action that may involve a civil court process in
                                             an attempt to require payment by the third party, other than
                                             no fault liability.

   "04"   Accident /Employment Related   Code indicating the date of an accident allegedly relating
                                             to the patient's employment.

   "05"   Accident /No Medical or Liability Code indicating accident related injury for which there is no
           Coverage   medical payment or third-party liability coverage. Provide
                                             the date of accident /injury.

   "06"   Crime Victim   Code indicating the date on which a medical condition resulted
                                             from alleged criminal action committed by one or more parties.

Edit Applications:

1. May equal "01", "02", "03". "04", "05" or "06"

Data Element in Output Data Set: Yes

Note:

1. HI01-HI12 are required composite data elements. Component Element Separator (ISA16) must be used between segment
   data elements. See HI segment example below.

   Example: *HI*BI:74:RD8:**20060413-20060414**~*

2. Reportable Occurrence Information may be coded in any order and may be reported multiple times. This HI segment may
   be reported 2 times as indicated in the 837 Implementation Guides.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Occurrence Information Date Qualifier

Format-Length: ID-3

Data Edit Specifications			
AS	ED	IP	OP
O	O	O	O

Effective Date: January 1, 1994   **Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2300	HI01-3 thru	1250	D8	Date time Period Format
5010R		H112 - 3			Qualifier
Paper Form	Locator	Code Qualifier	Description		
Institutional - UB-04					

Definition:

A code indicating the date format for occurrence information.

Codes and Values:

1. "D8" = Date Expressed in Format CCYYMMDD.

Edit Applications:

1. May equal "D8"

Data Element in Output Data Set: No

Note:

1. HI01-HI12 are required composite data elements. Component Element Separator (ISA16) must be used between segment data elements. See HI segment example below.

     Example: *HI*BI:74:RD8:**20060413-20060414**~*

2. Reportable Occurrence Information may be coded in any order and may be reported multiple times. This HI segment may be reported 2 times as indicated in the 837 Implementation Guides.

SPARCS INPUT DATA ELEMENT DESCRIPTION

O
Data Element Name: Occurrence Information Date

Data Edit Specifications			
AS	ED	IP	OP
O	O	O	O

Format-Length: N -8

Effective Date: January 1, 1994   **Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2300	HI01-4 thru	1251		
5010R		HI12-4			
Paper Form	**Locator**	**Code Qualifier**	**Description**		
Institutional - UB-04	31-34	N/A			

Definition:

Expression of a date for the corresponding significant event relating to the bill that may affect payer processing.

Codes and Values:

1. Equals Occurrence Information Dates

Edit Applications:

1. May equal Occurrence Information Date in CCYYMMDD format.

2. The Dates must be valid in accordance with the Date Edit Validation Table in Appendix A.

Data Element in Output Data Set: Yes

Note:

1. HI01-HI12 are required composite data elements. Component Element Separator (ISA16) must be used between segment data elements. See HI segment example below.

   Example: *HI*BI:74:RD8:**20060413-20060414**~*

2. Reportable Occurrence Information may be coded in any order and may be reported multiple times. This HI segment may be reported 2 times as indicated in the 837 Implementation Guides.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Value Information Qualifier 1 - 12

Format-Length: ID-3

Data Edit Specifications			
AS	ED	IP	OP
O	O	O	O

Effective Date: January 1, 1994

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2300	HI01-1 thru	1270	BE	Value
5010R		HI12-1			

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04	N/A		

Definition:

Code identifying a specific industry code list.

Codes and Values:

1. "BE" = Value

Edit Applications:

1. May equal "BE".

Data Element in Output Data Set: No

Note:

1. HI01-HI12 are required composite data elements. Component Element Separator (ISA16) must be used between segment data elements. See HI segment example below.

2. Reportable Value Code conditions may be reported multiple times. This HI segment may be reported 2 times as indicated in the 837 Implementation Guides.

    Example: *HI*BE:45:::6.00~*

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Value Codes 1 - 12

Format-Length: AN - 2

Data Edit Specifications			
AS	ED	IP	OP
O	O	O	S

Effective Date: January 1, 1994

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2300	HI01-2 thru	1271		Value Code
5010R		HI12-2			

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04	39-41		

Definition:

A code structure to relate amounts or values to identified data elements necessary to process this claim as qualified by the payer organization. SPARCS collects only specific value codes and their associated amounts. The list below details the specific value codes collected for each data set.

Codes and Values:

1. **Inpatient (IP) Only:**

    14 = No-Fault, Including Auto/Other — Amount shown is that portion from a higher priority no-fault insurance, including auto/other made on behalf of the patient or insured.

    15 = Worker's Compensation — Amount shown is that portion from a higher priority no-fault insurance, including auto/other made on behalf of the patient or insured.

    21 = Catastrophic — Medicaid eligibility requirements to be determined at state level.

    22 = Surplus — Medicaid eligibility requirements to be determined at state level.

    23 = Recurring Monthly Income — Medicaid eligibility requirements to be determined at state level.

    37 = Units of Blood Furnished — The total number of units of whole blood or packed red cells furnished to the patient, regardless of whether the hospital charges for the blood or not.

    54 = Newborn Birth Weight in Grams — Actual birth weight or weight at time of admission for an extramural birth. Required on Inpatient claims when Admission Date is within 28 days from the Patient's Date of Birth.

    Version 5010R only:
    80 ([a]) = Covered Days — The number of days covered by the primary payer as qualified by the payer. (5010 Version only)

    81 ([a]) = Non-Covered Days — Days of care not covered by the primary payer. (5010 Version only)

    [a] Do not use on version 004010/004010A1 or 004050 837 electronic claims. For the 4050R, use Claim Quantity in Loop ID 2300, QTY01 instead.

2. **Ambulatory Surgery (AS) and Emergency Department (ED) only**

    45 = Accident Hour — The hour when the accident occurred that necessitated medical treatment. Enter the appropriate code indicated below right justified to the left of the dollar/cents delimiter. Refer to Appendix B for reporting hour.

3. **Outpatient (OP) only**

    24 = Medicaid Rate Code — Medicaid eligibility requirements to be determined at state level. Refer to Appendix OO for NYS Medicaid Rate Codes.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Value Code 1 - 12 (con't)

Edit Applications:

1. Version 4050R IP (Inpatient only): May equal 14, 15, 21, 22, 23, 37, or 54

2. Version 5010R IP (Inpatient only): May equal 14, 15, 21, 22, 23, 37, 54, 80, or 81.

3. May equal 45 for AS and ED only.

4. May equal 24 for OP only.

5. If no entry is made in the value code or amount, the record will be accepted.

6. If submitted, the record must contain the appropriate value and corresponding amount.

Data Element in Output Data Set: Yes

Note:

1. HI01-HI12 are required composite data elements. HI02-HI12 are used for claims that have additional reportable Value Code conditions. Component Element Separator (ISA16) must be used between segment data elements. See HI segment example below.

> Example: *HI*BE:45:::6.00~*

2. Reportable Value Code conditions may be reported multiple times. This HI segment may be reported 2 times as indicated in the 837 Implementation Guides.

3. Do not zero fill the positions to the left of the delimiter.

4. Enter value codes in alphanumeric sequence.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Value Code Amount 1 - 12

Format-Length: R - 9

Data Element Specifications			
AS	ED	IP	OP
S	S	S	S

Effective Date: January 1, 1994   **Revision Date:** November 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2300	HI01-5 thru	782		Code Amount
5010R		HI12-5			

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04	39-41	N/A	

Definition:

Amount associated with corresponding value code.

Codes and Values:

1. Equals amount associated with corresponding value code.

Edit Applications:

1. If entered, the amount must be greater than zero. May equal value amount information.

2. If entered, the amount must be greater than zero.

Data Element in Output Data Set: Yes

Notes:

1. HI01-HI12 are required composite data elements. HI02-HI12 are used for claims that have additional reportable Value Code conditions. Component Element Separator (ISA16) must be used between segment data elements. See HI segment example below.

2. Reportable Value Code conditions may be reported multiple times. This HI segment may be reported 2 times as indicated in the 837 Implementation Guides.

3. For reporting Medicaid Rate codes:
   The Medicaid rate code is acceptable with a decimal reporting. For example, rate code 1400 is accepted as:

   1400
   1400.00
   14.00
   14.0

   Example: *HI*BE:45:::6.00~*

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Condition Information Code Qualifier

Format-Length: ID-3

Data Edit Specifications			
AS	ED	IP	OP
O	O	O	O

Effective Date: January 1, 1994

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2300	HI01-1 thru	1270	BG	Code List Qualifier Code
5010		HI12-1			

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04			

Definition:

Code identifying a specific industry code list for condition information.

Codes and Values:

1. "BG" = Condition

Edit Applications:

1. May equal "BG"

Data Element in Output Data Set: No

Notes:

1. HI01-HI12 are required composite data elements. HI02-HI2 are used for claims that have additional reportable Condition Codes. Component Element Separator (ISA16) must be used between segment data elements. See HI segment example below.

2. Condition Codes may be reported multiple times. This HI segment may be reported 2 times as indicated in the 837 Implementation Guides.

   Example: HI*BG:17~

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Condition Code

Format-Length: AN -2

Data Edit Specifications			
AS	ED	IP	OP
O	O	O	O

Effective Date: January 1, 1994

Revision Date: November 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2300	HI02-2 thru	1271	See	Condition Code
5010R		HI12-2		below	

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04	18-28		

Definition:

Code indicating a code from a specific industry code list.

Codes and Values:

1. **INPATIENT (IP) ONLY:**

    "25" = Patient is Non-U.S. Resident   The patient is not a resident of the United States.

    "A2" = Physically Handicapped Children's Program   Services provided under this program receive
        (PHP)   special funding through Title VII of the Social Security Act
                                                        or the TRICARE program for the Handicapped.

    "A3" = Special Federal Funding   The code which indicates if the patient is entitled to Medicaid
        (SFP)   benefits due to a specified physical impairment or treatment
                                                        under the Special Funding Project (SFP).

    "A4" = Family Planning   The code which indicates if the patient is entitled to Medicaid
        (FP)   benefits due to a specified physical impairment or treatment
                                                        for family planning procedures.
                                                        by state law.

    "A5" = Disability   The code which indicates if the patient is entitled to Medicaid
        (DIS)   benefits due to a specified physical impairment or treatment
                                                        for a condition of a disabling nature. A disabling condition
                                                        means the inability to engage in any substantial or gainful
                                                        activity by reason of any medically determinable physical or
                                                        mental impairment which can be expected to result in death,
                                                        or has lasted (or can be expected to last) for a continuous
                                                        period of not less than 12 months.

    "P7" = Direct Inpatient Admission from Emergency   Code indicates that patient was directly admitted form this
        Room (Effective 7/1/11).   facility's Emergency Room/Department. SPARCS effective
                                                        7/1/11. See note.

2. **Inpatient (IP), Ambulatory Surgery (AS), Emergency Department (ED), and Outpatient (OP):**

    "17" = Patient is Homeless   The patient is homeless at time of discharge. Patients
                                                        discharged to a shelter should be considered homeless.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Condition Code (Con't)

Edit Applications:

　　1. May equal "17", "25", "A2", "A3", "A4", "A5", or "P7" for Inpatient file.

　　2. May equal "17" only on Outpatient file (AS, ED, OP).

Data Element in Output Data Set: Yes

Note:

　　1. HI01-HI12 are required composite data elements. HI02-HI12 are used for claims that have additional reportable Condition Codes. Component Element Separator (ISA16) must be used between segment data elements. See HI segment example below.

　　2. Condition Codes may be reported multiple times. This HI segment may be reported 2 times as indicated in the 837 Implementation Guides.

　　3. The value of "P7" was not available until August 2, 2011 in SPARCS system. Due to this difference, an edit was put in place using the discharge date to edit the Condition Code value of "P7". That is, for discharges prior to July 1, 2010, the value of "P7" will fail; a message will state that the "Point of Origin" should be used to report "emergency room admissions". For discharge dates on and after July 1, 2010 the value of   "P7" is reportable.

　　Example: *HI*BG:17~*

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Day Qualifier

Format-Length: ID - 3

Data Edit Specifications			
AS	ED	IP	OP
N	N	R	N

Effective Date: May 2003

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2300	QTY01	673	See below	Quantity Qualifier

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04			

Definition:

Code specifying the type of quantity.

Codes and Values:

Version 4050R only:

1. "CA" = Covered days.

"NA" = Non-covered days

Edit Applications:

1.   Must = "CA" or "NA" for 4050R only.

Data Element in Output Data Set: No

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Covered/Non-Covered Days Quantity

Format-Length: N - 4

Data Edit Specifications			
AS	ED	IP	OP
N	N	R*	N

Effective Date: January 1, 1994   **Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2300	QTY02	380	See below	Quantity

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04			

Definition:

Depending upon the "Day Qualifier", this data element is either the number of days covered or non-covered by the payer for this sequence.

Codes and Values:

Version 4050R only:

1. Equals the number of covered or non-covered days.

Edit Applications:

1. The sum of Covered Days and Non-Covered Days must not exceed Total Length of Stay ("Statement Through Date minus Admission Date/Start of Care) for any payer sequence.

Data Element in Output Data Set: Yes

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Day Code

Format-Length: ID - 2

Data Edit Specifications			
AS	ED	IP	OP
N	N	R	N

Effective Date: May 2003   **Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2300	QTY03-1	355	DA	Unit for Basis or Measurement Code

Paper Form	Locator	Code Qualifier	Description		
Institutional - UB-04					

Definition:

The number of covered or non-covered days by the payer for this sequence.

Codes and Values:

    1. "DA" = Days.

Edit Applications:

    1. Must = "DA" for 4050R only.

Data Element in Output Data Set: No

Note:

Version 4050R only.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Attending Provider Name Entity Identifier Code

Format-Length: ID - 3

Data Edit Specifications			
AS	ED	IP	OP
N	N	N	N

Effective Date: October 1999

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R 5010R	2310A	NM101	98	71	Attending Physician

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04			

Definition:

Code identifying an organizational entity, or physical location, property or an individual.

Codes and Values:

1. "71" = Attending Physician. (When used, the term physician is any type of provider filling this role).

Edit Applications:

1. May equal "71"

Data Element in Output Data Set: No

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Attending Provider Name Entity Type Qualifier

Format-Length: ID - 1

Data Edit Specifications			
AS	ED	IP	OP
N	N	N	N

Effective Date: October 1999   **Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2310A	NM102	1065	1	Person
5010R					

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04			

Definition:

Code qualifying the type of entity.

Codes and Values:

1 = Person

Edit Applications:

1. May equal "1"

Data Element in Output Data Set: No

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Attending Provider Last Name

Format-Length: AN - 60

Data Edit Specifications			
AS	ED	IP	OP
N	N	N	N

Effective Date: October 1999

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2310A	NM103	1035		Attending Physician Last Name
5010R					

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04	76		

Definition:

Individual last name or organizational name.

Codes and Values:

1. Equals attending physician last name.

Edit Applications:

1. May equal Attending Physician Last Name.

Data Element in Output Data Set: No

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Attending Provider First Name

Format-Length: AN - 35

Data Edit Specifications			
AS	ED	IP	OP
N	N	N	N

Effective Date: October 1999

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R **5010R**	2310A	NM104	1036		Attending Physician's First Name
Paper Form	**Locator**	**Code Qualifier**	**Description**		
Institutional - UB-04	76				

Definition:

Code qualifying the attending physician or individual's first name.

Codes and Values:

1. Equals Attending Physician's First Name.

Edit Applications:

1. May equal Attending Physician's First Name.

Data Element in Output Data Set: No

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Attending Provider Middle Name or Initial

Format-Length: AN – 25

Data Edit Specifications			
AS	ED	IP	OP
N	N	N	N

Effective Date: October 1999

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R 5010R	2310A	NM105	1037		Attending Physician Middle Name
Paper Form	Locator	Code Qualifier	Description		
Institutional - UB-04	76				

Definition:

Code qualifying the individual's middle name or initial.

Codes and Values:

1. Equals Attending Physician Middle Name.

Edit Applications:

1. May equal Attending Physician's Middle Name.

Data Element in Output Data Set: No

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Attending Provider Qualifier

Format-Length: ID - 3

Data Edit Specifications			
AS	ED	IP	OP
N	R	R	R

Effective Date: October 1999

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2310A	REF01	128	OB	State License Number
5010R					
Paper Form	Locator	Code Qualifier	Description		
Institutional - UB-04					

Definition:

Code qualifying the reference identification.

Codes and Values:

1. "OB" = State License Number

Edit Applications:

1. Must equal "OB".

Data Element in Output Data Set: No

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Attending Provider State License Number

Format-Length: AN – 8

Data Edit Specifications			
AS	ED	IP	OP
N	R	R	R

Effective Date: January 1, 1994

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2310A	REF02	127		Attending Provider's State
5010R					License Number
Paper Form	Locator	Code Qualifier	Description		
Institutional - UB-04	76				

Definition:

The professional license number, issued by the New York State Department of Education, used to identify the physician or other health care professional primarily responsible for the care of the patient.

For emergency department visits, if there is more than one physician or health care professional responsible for the care of the patient, then additional physician or health care professional's license numbers should be reported in the Operating Physician State License Number and/or the Other Physician State License Number. When reporting multiple providers of care, report the state license numbers in the order in which the care was provided.

In some instances hospital policy may dictate that an attending physician or chief of service may be assigned to any number of patients who may not have a primary care.

Codes and Values:

1. The first two positions of this field indicate the category of license held by the health care professional (see License Code Description in Appendix J).

2. Six digit New York State Education Department license number

3. Must be valid numerically for each range of entry.

Edit Applications:

1. Must be a valid entry.

Examples:

1. Physician would be entered: REF*0B*00123456~

2. Nurse Practitioner would be entered: REF*0B*60010101~

3. Physician's Assistant would be entered: REF*0B*90123456~

Data Element in Output Data Set: Yes

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Operating Physician Name Entity Identifier Code

Format-Length: ID - 3

Data Edit Specifications			
AS	ED	IP	OP
N	N	N	N

Effective Date: October 1999

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R 5010R	2310B	NM101	98	72	Operating Physician
Paper Form	Locator	Code Qualifier	Description		
Institutional - UB-04			Does not apply - needed only for electronic submission		

Definition:

Code identifying an organizational entity, a physical location, property or an individual code.

Codes and Values:

    1. "72" = Operating Physician

Edit Applications:

    1. May equal "72"

Data Element in Output Data Set: No

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Operating Physician Name Entity Type Qualifier

Format-Length: ID – 1

Data Edit Specifications			
AS	ED	IP	OP
N	N	N	N

Effective Date: October 1999

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R 5010R	2310B	NM102	1065	1	Person

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04			Does not apply - needed only for electronic submission

Definition:

Code qualifying the type of entity. (The NM102 (person) qualifies NM103).

Codes and Values:

1 = Person

Edit Applications:

1. May equal "1"

Data Element in Output Data Set: No

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Operating Physician Last Name

Format-Length: AN - 60

Data Edit Specifications			
AS	ED	IP	OP
N	N	N	N

Effective Date: October 1999

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2310B	NM103	1035		Operating Physician Last Name
5010R					

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04			Does not apply - needed only for electronic submission

---

Definition:

Code qualifying individual last name or organizational name.

Codes and Values:

1. Equals Operating Physician Last Name.

Edit Applications:

1. May equal Operating Physician Last Name.

Data Element in Output Data Set: No

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Operating Physician First Name

Format-Length: AN - 35

Data Edit Specifications			
AS	ED	IP	OP
N	N	N	N

Effective Date: October 1999

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R 5010R	2310B	NM104	1036		Operating Physician First Name

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04			Does not apply - needed only for electronic submission

Definition:

Code qualifying the individual's first name.

Codes and Values:

1. Equals Operating Physician First Name

Edit Applications:

1. May equal Operating Physician First Name.

Data Element in Output Data Set: No

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Operating Physician Middle Name or Initial

Format-Length: AN – 25

Data Edit Specifications			
AS	ED	IP	OP
N	N	N	N

Effective Date: October 1999   **Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2310B	NM105	1037		Operating Physician Middle
5010R					Name

Paper Form	Locator	Code Qualifier	Description		
Institutional - UB-04			Does not apply - needed only for electronic submission		

Definition:

Code qualifying individual's middle name or initial.

Codes and Values:

1. Equals Operating Physician Middle Name.

Edit Applications:

1. May equal Operating Physician Middle Name.

Data Element in Output Data Set: No

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Operating Physician Identification Qualifier

Format-Length: ID - 3

Data Edit Specifications			
AS	ED	IP	OP
R	R	R	N

Effective Date: October 1999

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R 5010R	2310B	REF01	128	0B	State License Number
Paper Form	Locator	Code Qualifier	Description		
Institutional - UB-04					

Definition:

Code qualifying the reference identification.

Codes and Values:

1. "0B" = State License Number

Edit Applications:

1. Must equal "0B" (zeroB).

Data Element in Output Data Set: No

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Operating Physician State License Number

Format-Length: AN – 8

Data Edit Specifications			
AS	ED	IP	OP
R	R	R	N

Effective Date: May 2003

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name Operating
Version 4050R	2310B	REF02	127		Physician Secondary Identifier
5010R					

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04	FL-77		

Definition:

The professional license number, issued by the New York State Department of Education, used to identify the physician or other health care professional who performed the principal procedure.

For emergency department visits, if there is more than one physician or health care professional responsible for the care of the patient, then additional physician or health care processional's license numbers should be reported here. When reporting multiple providers of care, report the state license numbers in the order in which the care was provided.

Codes and Values:

1. The first two positions of this field indicate the category of license held by the health care professional (see License Code Description in Appendix J).

2. Six digit New York State Education Department license number.

3. Must be valid numerically for each range of entry.

Edit Applications:

1. Must equal "Operating Physician State License Number".

2. Must be valid entry.

Ambulatory Surgery Only:
3. Must be entered if Procedure Time is reported.

Inpatient Only:
4. If the Operating Physician State License Number is entered, the Principal Procedure Code and the Principal Procedure Date must also be reported.

Data Element in Output Data Set: Yes

Examples:
Physician would be entered: *REF*0B****00123456**~

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Other Operating Physician Entity Identifier Code

Format-Length: ID - 3

Data Edit Specifications			
AS	ED	IP	OP
N	O	O	N

Effective Date: May 2003

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name Entity Identifier Code
Version 4050R	2310C	NM101	98	See	
5010R				below	

Paper Form	Locator	Code	Description
Institutional - UB-04		Qualifier	

Definition:

Code identifying an organizational entity, a physical location, property or an individual.

Codes and Values:

Version 4050R

1. "ZZ" = Other Physician

Version 5010R

2. "73" = Other Physician

Edit Applications:

1. May equal "ZZ" or "73", depending upon version used.

Data Element in Output Data Set: No

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Other Operating Physician Entity Type Qualifier

Format-Length: ID - 1

Data Edit Specifications			
AS	ED	IP	OP
N	O	O	N

Effective Date: May 2003   **Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	X12	Ref. Des.	Data Element	Code	X-12 Data Element Name Entity Type Qualifier
Version 4050R	Loop	NM102	1065	1	
5010R	2310C				
Paper Form	Locator	Code Qualifier	Description		
Institutional - UB-04					

Definition:

Code qualifying the type of entity.

Codes and Values:

1. "1" = Person

Edit Applications:

1. Must equal "1".

Data Element in Output Data Set: No

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Other Operating Physician Last Name

Format-Length: AN - 60

Data Edit Specifications			
AS	ED	IP	OP
N	N	N	N

Effective Date: May 2003   **Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name Other Operating
Version 4050R 5010R	2310C	NM103	1035		Physician Last Name

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04	FL78-79		

Definition:

Individual Last Name or Organizational Name.

Codes and Values:

1. Equals Other Operating Physician Last Name.

Edit Applications:

1. May equal Other Operating Physician Last Name.

Data Element in Output Data Set: No

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Other Operating Physician First Name

Format-Length: AN – 35

Data Edit Specifications			
AS	ED	IP	OP
N	N	N	N

Effective Date: May 2003   **Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name	Other Operating
Version 4050R, 5010R	2310C	NM104	1036			Physician First Name
Paper Form	Locator	Code Qualifier	Description			
Institutional - UB-04						

Definition :

Code qualifying the individual's first name.

Codes and Values:

1. Equals Other Operating Physician's First Name.

Edit Applications:

1. May equal Other Operating Physician's First Name.

Data Element in Output Data Set: No

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Other Operating Physician's Middle Name or Initial

Format-Length: AN - 25

Data Edit Specifications			
AS	ED	IP	OP
N	N	N	N

Effective Date: May 2003

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12	Ref. Des.	Data Element	Code	X-12 Data Element Name Other Operating
Version 4050R	Loop	NM105	1037		Physician
5010R	2310C				Middle Name or Initial
Paper Form	Locator	Code Qualifier		Description	
Institutional - UB-04	FL-78-79				

Definition:

Individual's middle name or initial.

Codes and Values:

1. Equals Other Operating Physician's Middle Name or Initial.

Edit Applications:

1. May equal Other Operating Physician's Middle Name or Initial.

Data Element in Output Data Set: No

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Other Operating Physician State License Qualifier

Format-Length: ID - 3

Data Edit Specifications			
AS	ED	IP	OP
N	O	O	N

Effective Date: May 2003

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name	Reference Identification
Version 4050R	2310C	REF01	128	See	Qualifier	
5010R				below		

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04	FL78-79		

Definition:

Code qualifying the reference identification.

Codes and Values:

1. "0B" = Other Operating Physician

Edit Applications:

1. May equal "0B" (zeroB)

Data Element in Output Data Set: No

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Other Operating Physician State License Number

Format-Length: AN – 8

Data Edit Specifications			
AS	ED	IP	OP
N	O	O	N

Effective Date: May 2003

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name Other Operating Physician
Version 4050R	2310C	REF02	127		Secondary Identifier
Paper Form	Locator	Code Qualifier	Description		
Institutional - UB-04	78-79				

Definition:

The professional license number, issued by the New York State Department of Education, used to identify the physician or other health care professional (other than the Attending Physician or Operating Physician) who was involved in the patient's care or treatment (i.e., consulting physician, second operating physician, and nurse/midwife).

For emergency department visits, if there is more than one physician or health care professional responsible for the care of the patient, then additional physician or health care processional's license numbers should be reported here. When reporting multiple providers of care, report the state license numbers in the order in which the care was provided.

Codes and Values:

1. The first two positions of this field indicate the category of license held by the health care professional (see License Code Description in Appendix J).

2. Six digit New York State Education Department license number

Edit Applications:

1. May be a valid entry, if reported.

2. Must be valid numerically for each range of entry.

Data Element in Output Data Set: Yes

Examples:

Physician: *REF*0B****00123456~**

Nurse Practitioner: *REF*0B****60010101~**

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Payer Responsibility Sequence Number Code

	Data Edit Specifications		
AS	ED	IP	OP
N	N	O	N

Format-Length: ID – 1

Effective Date: May 2003

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R 5010R	2320	SBR01	1138	See below	Payer Responsibility Sequence Number Code
Paper Form Institutional - UB- 04	Locator	Code Qualifier		Description	

Definition:

Code identifying the insurance carrier's level of responsibility for a payment of a claim.

Codes and Values:

"S" = Secondary

"T" = Tertiary

Edit Applications:

1. May equal "S" or "T".

2. Within a given claim, the various values for the payer responsibility sequence number code may occur no more than once.

Data Element in Output Data Set: No

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Individual Relationship Code

Format-Length: ID – 2

Data Edit Specifications			
AS	ED	IP	OP
N	N	O	N

Effective Date: May 2003

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R, 5010R	2320	SBR02	1069	See below	Individual Relationship Code
Paper Form	Locator	Code Qualifier	Description		
Institutional - UB- 04					

Definition:

Code indicating the relationship between two individuals or entities. SBR02 specifies the relationship to the person insured.

Codes and Values:

"01" = Spouse
"18" = Self
"19" = Child
"20" = Employee
"21" = Unknown
"39" = Organ Donor
"40" = Cadaver Donor
"53" = Life Partner
"G8" = Other Relationship

Edit Applications:

1. May equal individual relationship code "01", "18", "19", "20", "21", "39", "40", "53", or "G8".

Data Element in Output Data Set: No

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Claim Filing Indicator Code for Other Subscriber

Data Edit Specifications			
AS	ED	IP	OP
O	O	O	O

Format-Length: ID – 2

Effective Date: October 1999   **Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	**X12 Loop**	**Ref. Des.**	**Data Element**	**Code**	**X-12 Data Element Name** Claim Filing
Version 4050R 5010R	2320	SBR09	1032		Indicator Code

Paper Form	**Locator**	**Code Qualifier**	**Description**
Institutional - UB-04			Does not apply - needed only for electronic submission.

Definition:

The code which indicates the type of payment. The code listing below was obtained from the ASC X12N Technical Report Guide. You can report as many payers as needed within this loop. This loop is used when other payers are known to potentially be involved with paying on this claim.

Codes and Values: (Bolded

    "09" = Self-pay

    "11" = Other Non-Federal Programs

    "12" = Preferred Provider Organization (PPO)

    "13" = Point of Service (POS)

    "14" = Exclusive Provider Organization (EPO)

    "15" = Indemnity Insurance

    "16" = Health Maintenance Organization (HMO) Medicare Risk

    "17" = Dental Maintenance Organization

    "AM" = Automobile Medical

    "BL" = Blue Cross/Blue Shield

    "CH" = CHAMPUS

    "CI" = Commercial Insurance Co.

    "DS" = Disability

    "FI" = Federal Employees Program

    "HM" = Health Maintenance Organization

    "LM" = Liability Medical

    "MA" = Medicare Part A

    "MB" = Medicare Part B

    "MC" = Medicaid

    "OF" = Other Federal Program (**Use "OF" when submitting Medicare Part D Claims.)**

    "TV" = Title V

    "VA" = Veterans Affairs Plan

    "WC" = Workers' Compensation Health Claim

    "ZZ" = Type of Insurance is not known.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Claim Filing Indicator Code for Other Subscriber (con't).

Edit Applications:

1. Must be valid value, if not, the record will be rejected.

2. The table below indicate the additional data items that are required, depending on the value in the Claim Filing Indicator Code for Other Subscriber:

   The Payer ID, Insured's Policy Number and Billing NPI are required when the Claim Filing Indicator Code for Other Subscriber (and Source of Payment Typology) are reported with a Medicaid or Medicare payer type.

Claim Filing Indicator Code for Other Subscriber	Payer ID	Insured's Policy Number	Billing NPI (Previously Provider ID)
09, 11, 13, 14, 15, 17, AM, CH, DS, FI, LM, OF, TV, VA, WC, ZZ	---------	-----------	--------
12, CI, HM,	Required	Required IP only	--------
16, BL, MA, MB, MC	Required	Required IP only	Required

Data Element in Output Data Set: Yes

Note:

This Loop is required when the subscriber is NOT the patient.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Other Subscriber Name Entity Code Qualifier

Format-Length: ID – 3

Data Edit Specifications			
AS	ED	IP	OP
N	N	O	N

Effective Date: May 2003

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R 5010R	2330A	NM101	98	IL	Entity Identifier Code

Paper Form	Locator	Code Qualifier	Description
Institutional - UB- 04			

Definition:

Code identifying an organizational entity or a physical location.

Codes and Values:

1. "IL" = Insured or Subscriber

Edit Applications:

1. If submitted for inpatient must equal "IL".

Data Element in Output Data Set: No

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Other Subscriber Name Entity Type Qualifier

Format-Length: ID – 1

Data Edit Specifications			
AS	ED	IP	OP
N	N	O	N

Effective Date: October 1999   **Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name Entity Type
Version 4050R 5010R	2330A	NM102	1065	1	Qualifier
Paper Form Institutional - UB- 04	Locator	Code Qualifier	Description		

Definition:

Code qualifying the type of entity.

Codes and Values:

   1. "1" = Person

Edit Applications:

   1. If submitted for inpatient should equal "1".

Data Element in Output Data Set: No

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Other Subscriber Last Name

Format-Length: AN – 60

Data Edit Specifications			
AS	ED	IP	OP
N	N	N	N

Effective Date: May 2003　　　　　　　　　　　　**Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R, 5010R	2330A	NM103	1035		Other Subscriber Last Name
Paper Form	Locator	Code Qualifier	Description		
Institutional - UB- 04					

Definition:

Individual last name or organizational name.

Codes and Values:

　1. Equals Other Subscriber Last Name

Edit Applications:

　1. May equal Other Subscriber Last Name.

Data Element in Output Data Set: No

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Other Subscriber Identification Code Qualifier

Format-Length: ID – 2

Data Edit Specifications			
AS	ED	IP	OP
N	N	O	N

Effective Date: May 2003

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R 5010R	2330A	NM108	66	See below	Identification Code Qualifier
Paper Form Institutional - UB- 04	Locator	Code Qualifier	Description		

Definition:

Code designating the system / method of code structure used for identification code (NM109).

Codes and Values:

1. Versions 4050R, 5010R

   "MI" = Member Identification Number.

2. Version 5010R Only

   "II" = Standard Unique Health Identifier for each individual in the United States.

Edit Applications:

1. Versions 4050R and 5010R

   May equal "MI".

2. Version 5010R only

   May equal "II".

Data Element in Output Data Set: No

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Insured's Policy Number for Other Subscriber

Format-Length: AN – 19

Data Edit Specifications			
AS	ED	IP	OP
N	N	O	N

Effective Date: January 1, 1994

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R 5010R	2330A	NM109	67		Other Subscriber Identifier

Paper Form	Locator	Code Qualifier	Description
Institutional - UB- 04	60		

Definition:

The unique identification number assigned by the payer to identify the patient.

Codes and Values:

1. Payer   Type of Number

   Blue Cross   Enter the information depending on specific Blue Cross Plan needs and contract requirement.

   CHAMPUS   Enter information depending on CHAMPUS regulations.

   Medicaid   Enter Medicaid Client Identification Number (CIN) of the insured or case head Medicaid number shown on the Medicaid Identification Card.

   Medicare   Enter the patient's Medicare HIC number as shown on the Health Insurance Card, Certificate of Award, Utilization Notice, Temporary Eligibility Notice, Hospital Transfer Form or as reported by the Social Security Office.

2. For all other payer types, Commercial Insurers, etc. enter the insured's unique number assigned by the payer.

Edit Applications:

1. Required if Claim Filing Indicator Code is 12, BL, CI, HM, Medicare (MA, MB or 16) or Medicaid (MC).

2. Required if Source of Payment Typology I is Medicare (1xxxx) or Medicaid (2xxxx).

Data Element in Output Data Set: Yes

Note:

If SOP II and/or SOP III are reported with the Medicare or Medicaid values, then the Insured's Policy Number for the Secondary or other subscriber is required in the appropriate loop and segment.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Other Subscriber Identification Qualifier

Format-Length: ID - 3

Data Edit Specifications			
AS	ED	IP	OP
N	N	O*	N

Effective Date: May 2003

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R*	2330A	REF01	128	See below	Reference Identification Qualifier

*= Only report in 4050R

Paper Form	Locator	Code Qualifier	Description
Institutional - UB- 04			

Definition:

Code qualifying the reference identification.

Codes and Values:

1. Version 4050R Only:

"1W" = Member Identification Number

"IG" = Insurance Policy Number.

Edit Applications:

1. May equal "1W" or "IG" for Version 4050R only.

Data Element in Output Data Set: No

Note:
In the 5010R this data element is used to collect the Social Security Number. It is not collected by SPARCS in the 5010R.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Policy Number for Other Subscriber

Format-Length: AN - 19

Data Edit Specifications			
AS	ED	IP	OP
N	N	O	N

Effective Date: May 2003

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2330A	REF02	127		Other Subscriber Secondary Identifier

Paper Form	Locator	Code Qualifier	Description
Institutional - UB- 04			

Definition:

Reference information as defined for a particular transaction set or specified by the reference identification qualifier (REF01). In the 4050R version this Loop is used to report "Other Subscriber secondary Information". A secondary Policy Number for the Other Subscriber may be reported in this segment.

Codes and Values:

1. Equals "Other Insured Additional Identifier".

Edit Applications:

1. May equal "Other Insured Additional Identifier".

Data Element in Output Data Set: Yes

Note:
   In the 5010R this data element is used to collect the Social Security Number. It is not collected by SPARCS in the 5010R.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Other Payer Name Entity Identifier Code

Format-Length: ID - 3

Data Edit Specifications			
AS	ED	IP	OP
N	N	O	N

Effective Date: May 2003   **Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R 5010R	2330B	NM101	98	PR	Entity Identifier Code
Paper Form Institutional - UB- 04	Locator	Code Qualifier	Description		

Definition:

Code identifying an organizational entity or a physical location.

Codes and Values:

1. "PR" = Payer

Edit Applications:

1. If submitting for Inpatient, may equal "PR".

Data Element in Output Data Set: No

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Other Payer Name Entity Type Qualifier

Format-Length: ID - 1

Data Edit Specifications			
AS	ED	IP	OP
N	N	O	N

Effective Date: May 2003   **Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2330B	NM102	1065	2	Entity Type Qualifier
5010R					

Paper Form	Locator	Code Qualifier	Description
Institutional - UB- 04			

Definition:

Code qualifying the type of entity.

Codes and Values:

1. "2" = Non-Person Entity.

Edit Applications:

1. If submitting for Inpatient, may equal "2".

Data Element in Output Data Set: No

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Other Payer Last Name or Organization Name

Format-Length: AN - 60

Data Edit Specifications			
AS	ED	IP	OP
N	N	O	N

Effective Date: May 2003   **Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2330B	NM103	1035		Other Payer Last Name or Organization Name
5010R					
Paper Form	Locator	Code Qualifier	Description		
Institutional - UB- 04			Does not apply - needed only for electronic submission		

Definition:

Individual last name or organizational name.

Codes and Values:

1. Equals "Other Payer Last Name" or "Organization Name".

Edit Applications:

1. If submitting for Inpatient, may equal "Other Payer Last Name" or "Organization Name".

Data Element in Output Data Set: No

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Other Payer Name Identification Code Qualifier

Format-Length: ID – 2

Data Edit Specifications			
AS	ED	IP	OP
O	O	O	O

Effective Date: May 2003

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R 5010R	2330B	NM108	66	See below	Identification Code Qualifier
Paper Form Institutional - UB- 04	Locator	Code Qualifier	Description		

Definition:

Code designating the system / method of code structure used for identification code (NM109).

Codes and Values:

    1. "PI" = Payer Identification

Edit Applications:

  1. May equal "PI".

Data Element in Output Data Set: No

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Other Payer Identification Number

Format-Length: AN – 8

Data Edit Specifications			
AS	ED	IP	OP
O	O	O	O

Effective Date: May 2003   **Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2330B	NM109	67		Other Payer Primary Identifier
5010R					

Paper Form	Locator	Code Qualifier	Description
Institutional - UB- 04	51		

Definition:

The number identifying the payer organization associated with this sequence for which the provider might expect some payment of the bill.

Codes and Values

1.

Payer		Type of Number
Blue Cross	=	Plan Number Refer to Appendix L
Commercial Insurers	=	NAIC or DOI Number Refer to Appendix K Commercial Insurance and HMO companies are regulated by the Department of Insurance (DOI) and issued either a NAIC or internal DOI numbers. In lieu of DOI numbers, DOH numbers are issued. Some billing situations require NEIC numbers to be reported. For additional information on these numbers, and specific HMO codes, refer to Appendix K.
Medicaid	=	State Agency Assigned number to be determined. Refer to Appendix O for Medicaid Managed Care Plan IDs.
Medicare	=	Blue Cross Number or Commercial Insurer NAIC Number depending on intermediary
CHAMPUS	=	NAIC Number

2. If this field is not applicable it must be blank.

Edit Applications:

1. If Claim Filing Indicator Code is 12, 16, CI, BL, HM, MA, MB, MC, then Other Payer Identification should be reported.

2. If Source of Payment Typology (SoP) is 21xxx (Medicaid Managed Care), then Other Payer Identification Number should equal a value from Appendix O.

Data Element in Output Data Set: Yes

Note:

In the 4050R, the NM Payer Name Loop is the 2010BC. In the 5010R, the NM Payer Name Loop is the 2010BB. The appropriate NM Payer Name Loop is used and processed when the subscriber IS the patient.

SPARCS INPUT DATA ELEMENT DESCRIPTION

	Data Edit Specifications		
AS	ED	IP	OP
O	O	O	O

Data Element Name: Other Payer Secondary Identification Qualifier

Format-Length: ID - 3

Effective Date: May 2003

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R 5010R	2330B	REF01	128	See below	Reference Identification Qualifier

Paper Form	Locator	Code Qualifier	Description
Institutional - UB- 04			

Definition:

Code qualifying the reference identification.

Codes and Values:

1. "2U" = Payer Identification Number.

   "NF" = National Association of Insurance Commissioners (NAIC) Code.

Edit Applications:

1. May Equal "2U or NF".

Data Element in Output Data Set: No

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Other Payer Secondary Identification Number

Format-Length: AN - 8

Data Edit Specifications			
AS	ED	IP	OP
O	O	O	O

Effective Date: May 2003   **Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2330B	REF02	127		Other Payer Secondary Identifier
5010R					
Paper Form	Locator	Code Qualifier			Description
Institutional - UB- 04	51				

Definition:

The number identifying the payer organization associated with this sequence for which the provider might expect some payment of the bill.

Codes and Values

1.

Payer		Type of Number
Blue Cross	=	Plan Number Refer to Appendix L
Commercial Insurers	=	NAIC or DOI Number Refer to Appendix K Commercial Insurance and HMO companies are regulated by the Department of Insurance (DOI) and issued either a NAIC or internal DOI numbers. In lieu of DOI numbers, DOH numbers are issued. Some billing situations require NEIC numbers to be reported. For additional information on these numbers, and specific HMO codes, refer to Appendix K.
Medicaid	=	State Agency Assigned number to be determined. Refer to Appendix O for Medicaid Managed Care Plan IDs.
Medicare	=	Blue Cross Number or Commercial Insurer NAIC Number depending on intermediary
CHAMPUS	=	NAIC Number

2. If this field is not applicable it must be blank.

Edit Applications:

1. If Claim Filing Indicator Code is 12, 16, CI, BL, HM, MA, MB, MC, then Other Payer Secondary Identification should be reported.

2. If Source of Payment Typology (SoP) is 21xxx (Medicaid Managed Care), then Other Payer Secondary Identification Number should equal a value from Appendix O.

Data Element in Output Data Set: Yes

Note:

In the 4050R, the NM Payer Name Loop is the 2010BC. In the 5010R, the NM Payer Name Loop is the 2010BB. The appropriate NM Payer Name Loop is used and processed when the subscriber IS the patient.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Service Line Number

Format-Length: N - 6

Data Edit Specifications			
AS	ED	IP	OP
R	R	R	R

Effective Date: May 2003

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	Loop	LX01	554		Assigned Number
5010R	2400				
Paper Form	Locator	Code Qualifier		Description	
Institutional - UB-04					

Definition:

Number assigned for differentiation or to reference a line number within a transaction set. LX01 is used to indicate bundling in the Line Item Adjudication Loop. The LX functions as a line counter.

The Service Line LX segment must begin with one and is incremented by one for each additional service line of a claim.

Codes and Values:

1. Equals a numeric value from 1 to 999.

Edit Applications:

1. Must enter a numeric value from 1 to 999 (entered sequentially).

   *Example: LX*1~*

Data Element in Output Data Set: No

Note:

SPARCS allows for a maximum of 999 service lines to be reported**.**

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Revenue Code
(Formerly UB Accommodation Codes, Inpatient Ancillary Revenue Code, Outpatient Ancillary Revenue Code)

Format-Length: AN – 4

Data Edit Specifications			
AS	ED	IP	OP
R	R	R	R

Effective Date: January 1, 1994

Revision Date: July 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R 5010R	2400	SV201	234		Service Line Revenue Code

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04	42		

Definition:

Codes that identify specific accommodations, ancillary service or unique billing calculations or arrangements.

This data element is called the "Service Line Revenue Code" in the X12 guidelines. It is commonly referred to as the "Revenue Code". Each service should be assigned a revenue code:

1. For inpatient services involving multiple services for the same item providers should aggregate the services under the assigned revenue code and then report the total number of units that represent those services.

2. For outpatient services providers should report the corresponding HCPCS code for the service along with the date of service as well as the revenue code.

3. If multiple services are provided on the same day for like services, that is, those with the same HCPCS, the provider should aggregate the like services for each day and report the date along with the number of units provided, as well as the revenue code. The exception is for the Evaluation and Management (E/M) HCPCS code. For E/M HCPCS, report each of these separately but also use Condition Code "G0" to indicate a Distinct Medical visit.

4. Services provided on different days should be listed separately along with the date of service, units and revenue code.

For a submitted outpatient record to be identified in the SPARCS system as an Emergency Department or Ambulatory Surgery discharge, the appropriate Revenue Codes must be reported as indicated below.

Codes and Values:

1. Must be a valid code in accordance with the Revenue Codes in Appendix I.

2. Emergency Department Services must have:

   Emergency Room   '045x'

3. Ambulatory Surgery must have one of the following codes:

   Operating Room Services   0360, 0362, 0369

   Cardiology   0481

   Ambulatory Surgery   049x

   Gastro-Intestinal Services 0750

   Lithotripsy   0790

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Revenue Code
(Formerly UB Accommodation Codes, Inpatient Ancillary Revenue Code, Outpatient Ancillary Revenue Code) (con't)

Edit Applications:

1. If the Revenue Code is entered, then the appropriate Service Line Rate, Service Units, Service Line Charge Amount, and Service Line Non-Covered Charge Amount must also be reported.

2. If a Revenue Code is entered, the associated Total Charges and Total Non-Covered Charges must also be reported.

3. If Revenue Codes 0001 through 0099 are reported, the associated charges must NOT be included in the totals calculated for the Total Charges or Total Non-Covered Charges.

4. On Inpatient submissions, It is necessary to report at least one Revenue Code between the values of 010x and 100x with each inpatient claim.

5. For outpatient claims, there must be at least one total and non-covered charge for all revenue codes reported except for the 036x, 045x, 048x, 049x, 051x, 052x, 075x, 076x or 079x categories. For these exceptions the total and non-covered charges may be rolled up to the first occurrence of the revenue code category with zero reported for subsequent occurrences on each claim.

Data Element in Output Data Set: Yes

Note:

SPARCS allows for a maximum of 999 service lines to be reported**.**

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: HCPCS Procedure Code Qualifier

Format-Length: AN – 2

Data Edit Specifications			
AS	ED	IP	OP
R	R	N	R

Effective Date: January 1, 1994

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R 5010R	2400	SV202-1	235	HC	Product or Service ID Qualifier

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04		N/A	

Definition:

The SV202 data element is a composite medical procedure identifier. The <u>first</u> element of the composite is SV202-1. This element is for the code identifying the type/source of the descriptive number used in the Product/Service ID.

Codes and Values:

1. "HC" = Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes

Edit Applications:

1. Must equal "HC";

Data Element in Output Data Set: No

Note: SPARCS allows for a maximum of 999 service lines to be reported.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: CPT Procedure Code

Format-Length: AN – 5

Data Edit Specifications			
AS	ED	IP	OP
R	R	N	R

Effective Date: January 12, 1994

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2400	SV202-2	234		Procedure Code
5010R					

Paper Form	Locator	Code Qualifier	Description		
Institutional - UB-04		N/A			

Definition:

The SV202 data element is a composite medical procedure identifier. The <u>second</u> element of the composite is SV202-2, used for reporting the actual procedure code. The American Medical Association's Current Procedural Terminology 4th Edition (CPT-4) Code or the Healthcare Common Procedure Coding System (HCPCS) code and modifiers, which applies to the outpatient procedure performed and associated with each line of service.

Codes and Values:

1. Entered exactly as shown in the American Medical Association's Current Procedural Terminology - 4th Edition (CPT-4) or the Centers for Medicare and Medicaid Services HCPCS code for procedures performed.

Edit Applications:

1. Edits pertaining to CPT4 and HCPCS codes are validated on the basis of the Statement-Through Date.

Data Element in Output Data Set: Yes

Note:

SPARCS allows for a maximum of 999 service lines to be reported.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Procedure Modifier 1

Format-Length: AN – 2

Data Edit Specifications			
AS	ED	IP	OP
R	R	N	R

Effective Date: January 1, 1994

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R		SV202-3	1339		Procedure Modifier 1
5010R					

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04			

Definition:

The SV202 data element is a composite medical procedure identifier. The <u>third</u> element of the composite is SV202-3, used for reporting the first modifier. The modifier clarifies or improves the reporting accuracy of the associated procedure code. The American Medical Association's Current Procedural Terminology 4th Edition (CPT-4) Code or the Healthcare Common Procedure Coding System (HCPCS) code and modifiers, which applies to the outpatient procedure performed and associated with each line of service.

Codes and Values:

1. Entered exactly as shown in the American Medical Association's Current Procedural Terminology - 4th Edition (CPT-4) or the Centers for Medicare and Medicaid Services HCPCS code for procedures performed.

Edit Applications:

1. Edits pertaining to CPT4 and HCPCS codes are validated on the basis of the Statement-Through Date.

2. If CPT-4/HCPCS & Modifier 1 is entered, the associated Outpatient Revenue Code, Charges and Non-Covered Charges must also be reported.

Data Element in Output Data Set: Yes

Note:

SPARCS allows for a maximum of 999 service lines to be reported.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Procedure Modifier 2

Format-Length: AN – 2

Data Edit Specifications			
AS	ED	IP	OP
R	R	N	R

Effective Date: January 1, 1994

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R 5010R	2400	SV202-4	1339		Procedure Modifier 2

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04			

Definition:

The SV202 data element is a composite medical procedure identifier. The <u>fourth</u> element of composite is SV202-4, used for reporting the <u>second</u> modifier. The modifier clarifies or improves the reporting accuracy of the associated procedure code. The American Medical Association's Current Procedural Terminology 4th Edition (CPT-4) Code or the Healthcare Common Procedure Coding System (HCPCS) code and modifiers, which applies to the outpatient procedure performed and associated with each line of service.

Codes and Values:

1. Entered exactly as shown in the American Medical Association's Current Procedural Terminology - 4th Edition (CPT-4) or the Centers for Medicare and Medicaid Services HCPCS code for procedures performed.

Edit Applications:

1. Edits pertaining to CPT4 and HCPCS codes are validated on the basis of the Statement-Through Date.

2. If CPT-4/HCPCS & Modifier 2 is entered, the associated Outpatient Revenue Code, Charges and Non-Covered Charges must also be reported.

Data Element in Output Data Set: Yes

Note:

SPARCS allows for a maximum of 999 service lines to be reported.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Line Item Charge Amount

Format-Length: R - 18

Data Edit Specifications			
AS	ED	IP	OP
R	R	R	R

Effective Date: January 1, 1994

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R 5010R	2400	SV203	782		Line Item Charge Amount

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04	Related to 47		

Definition:

The Line Item Charge amount is for services incurred by the patient during the billing period that will be charged to the primary payer. The amount is inclusive of the provider's base charge and any applicable tax amounts reported within this line's amount segments. The Line Item charge amounts are related to the Service Line Revenue Code.

Codes and Values:

1. Equals the Line Item Charge Amount entered in dollars and cents.

    Example: $125.24 would be entered as: 125.24

Edit Applications:

1. Must equal Line Item Charge Amount.

2. The Line Item Charge Amount must be equal to or greater than the corresponding Service Line Non-Covered Charges.

3. If Line Item Charge Amount is reported, the associated Revenue Code, and Service Line Non-Covered Charge and Service Unit Count. must also be reported.

AS, ED, OP:

4. It is necessary to report at least **one** Revenue code with each outpatient claim (AS, ED, OP). There must be at least one Line Item Charge Amount and Non-Covered Charge Amount for all Revenue codes reported except for the 036x, 045x, 048x, 049x, 051x, 052x, 075x, 076x or 079x categories. For these exceptions the Line Item Charge Amount and Line Item Non-Covered Charge Amount may be rolled up to the first occurrence of the revenue code category with zero reported for subsequent occurrences on each outpatient claim.

Data Element in Output Data Set: Yes

Note:

SPARCS allows for a maximum of 999 service lines to be reported.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Measurement Code

Format-Length: ID - 2

Data Edit Specifications			
AS	ED	IP	OP
N	N	R	R

Effective Date: May 2003

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R 5010R	2400	SV204	355	See below	Unit or Basis for Measurement Code
Paper Form	**Locator**	**Code Qualifier**		**Description**	
Institutional - UB-04	46				

Definition:

Code specifying the measurement units in which a value is being expressed, or manner in which a measurement has been taken.

Codes and Values:

1. "DA" = Days (When service line charges are reported).

   "UN" = Unit

Edit Applications:

1. Must equal "DA" or "UN" when service line charges are reported.

Data Element in Output Data Set: No

Note:

SPARCS allows for a maximum of 999 service lines to be reported**.**

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Service Unit Count

Format-Length: N – 4

Data Edit Specifications			
AS	ED	IP	OP
N	N	R	R

Effective Date: May 2003

Revision Date: July 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2400	SV205	380		Service Unit Count
5010R					

Paper Form	Locator	Code Qualifier		Description
Institutional - UB-04	46			

Definition:

A quantitative measure of services rendered that occurred by revenue category to or for the patient. The number of service units that occurred during the bill period for the patient This will include items such as number of accommodation days, miles, pints of blood, renal dialysis treatments, etc.

Codes and Values:

1. Equals Days or Units

2. Must be greater than zero.

Edit Applications:

1. When reporting days, the number must be less than or equal to the number of days in the billing period as documented in Admission Date/Start of Care and Statement Through Date. The total number of days reported must not exceed the calculated length of stay.

2. When reporting days, the appropriate revenue code, Service Rate (4050R only), Total Charges, and Total Non-Covered Charges must also be reported to reflect room and board accommodations.

4. When reporting units, the value of unit can be reported as "1" or more based on the provider's practice, health plan requirements or regulation.

5. When HCPCS codes are reported, the unit is defined by the HCPCS definition. Where the unit is not defined by the HCPCS codes, units can be reported as "1" or more based on the provider's practice, health plan requirements or regulation.

6. A zero or negative value is not allowed.

Data Element in Output Data Set: Yes

Note:

SPARCS allows for a maximum of 999 service lines to be reported**.**

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Accommodations Rate

Format-Length: N - 9

Data Edit Specifications			
AS	ED	IP	OP
N	N	R	N

Effective Date: January 1, 1994

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R *ONLY*	2400	SV206	1371		Unit Rate

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04	44		

Definition:

The rate charged per day for a specific accommodation.

Codes and Values:

1. Equals Accommodation Rate when Service Line charges are reported. The amount must be entered in dollars and cents.

   Example: $125.24 would be entered as: 125.24

Edit Applications:

1. Must equal rate (when service line charges are reported).

2. This data element is required when the associated revenue code is 100-219.

3. If Accommodations Rate is reported, then Revenue Code, Service Units (Days), Total Charges, and Total Non-Covered Charges must also be reported for the associated accommodation.

4. SPARCS allows a maximum of 50 Accommodations Rates to be reported.

Data Element in Output Data Set: Yes

Note:

SPARCS allows for a maximum of 999 service lines to be reported**.**

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Non-Covered Charges Amount

Format-Length: N - 10

Data Edit Specifications			
AS	ED	IP	OP
R	R	R	R

Effective Date: January 1, 1994

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R 5010R	2400	SV207	782		Line Item Denied Charge or Non-Covered Charge Amount

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04	Related to FL-48		

Definition:

Non-covered charge amount reflects the non-covered charges for the primary payer as it pertains to the associated revenue code.

Codes and Values:

1. Equals Non-Covered Charge Amount entered in dollars and cents.

   Example: $125.24 would be entered as: 125.24

Edit Applications:

1. Must equal Non-Covered Charge Amount.

2. If Non-Covered Charges are entered, the associated Revenue Code and Line Item Charge Amount must also be reported.

3. Non-Covered Charge Amount must be less than or equal to the corresponding Line Item Charge Amount.

4. If Non-Covered Charge Amount is entered, then Revenue Code, Service Unit Count, Line Item Charge Amount and HCPCS Accommodations Rate must also be reported.

5. It is necessary to report at least **one** Revenue Code with each outpatient claim (AS, ED, OP). There must be at least one Line Item Charge Amount and Non-Covered Charge Amount for all Revenue outpatient codes reported except for the 036x, 045x, 048x, 049x, 051x, 052x, 075x, 076x or 079x categories. For these exceptions the Line Item Charge Amount and non-covered charge amount may be rolled up to the first occurrence of the revenue code category with zero reported for subsequent occurrences on each outpatient claim.

Data Element in Output Data Set: Yes

Note:

SPARCS allows for a maximum of 999 service lines to be reported.

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Service Date Qualifier

Data Edit Specifications			
AS	ED	IP	OP
N	N	N	R

Format-Length: ID - 3

Effective Date: January 2011   **Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2400	DTP01	374	472	Date Time Qualifier
5010R					

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04			

Definition:

Code specifying type of date or time, or both date and time.

Codes and Values:

1. "472" = Service

Edit Applications:

1. Must equal "472" on outpatient file.

Data Element in Output Data Set: No

Note:

SPARCS allows for a maximum of 999 service lines to be reported**.**

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Service Date Format Qualifier

Format-Length: ID - 3

Data Edit Specifications			
AS	ED	IP	OP
N	N	N	R

Effective Date: January 2011

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R, 5010R	2400	DTP02	1250		Date Time Period Format Qualifier

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04			

Definition:

Code indicating the date format, time format, or date and time format that will appear in Service Date (DTP03).

Codes and Values:

1. "D8" = Date Expressed in Format CCYYMMDD

Edit Applications:

1. Must equal "D8".

Data Element in Output Data Set: No

Note:

SPARCS allows for a maximum of 999 service lines to be reported**.**

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Service Date

Data Edit Specifications			
AS	ED	IP	OP
N	N	N	R

Format-Length: AN - 8

Effective Date: January 2011

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	2400	DTP03	1251		Service Date
5010R					

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04	45		

Definition:

The date the outpatient service was provided. When more than one service was provided on different dates, report each date of service.

Codes and Values:

1. Equals date of service.

Edit Applications:

1. Must be a valid date.

Data Element in Output Data Set: Yes.

Note:

SPARCS allows for a maximum of 999 service lines to be reported**.**

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Transaction Segment Count

Format-Length: N - 10

Data Edit Specifications			
AS	ED	IP	OP
N	N	N	N

Effective Date: May 2003

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	Transaction	SE01	96	See	Transaction Segment Count
5010R	Set Trailer			below	
Paper Form	Locator	Code Qualifier	Description		
Institutional - UB-04					

Definition:

Total number of segments included in a transaction set including ST and SE segments.

Codes and Values:

1. Equals the Transaction Segment Count.

Edit Applications:

1. Must equal the Transaction Segment Count.

Data Element in Output Data Set: No

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Transaction Set Control Numbers

Format-Length: AN - 9

Data Edit Specifications			
AS	ED	IP	OP
N	N	N	N

Effective Date: May 2003

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	Transaction	SE02	329		Transaction Set Control
5010R	Set Trailer				Number
Paper Form	**Locator**	**Code Qualifier**	**Description**		
Institutional - UB-04					

Definition:

Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set. This number must be identical to SE02. The number must be unique within a specific interchange (ISA-IEA), but can repeat in other interchanges.

Codes and Values:

1. Equals Transaction Set Control number.

Edit Applications:

1. Must equal Transaction Set Control Number.

Data Element in Output Data Set: No

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Number of Transaction Sets for Functional Group
                                 Trailer

Data Edit Specifications			
AS	ED	IP	OP
N	N	N	N

Format-Length: N - 10

Effective Date: May 2003   **Revision Date:** March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R **5010R**	Functional Group Trailer	GE01	97		Number of Transaction Sets Included

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04			Does not apply - needed only for electronic submission.

Definition:

Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element.

Codes and Values:

1. Equals number of Transaction Sets

Edit Applications:

1. May equal Number of Transaction Sets.

Data Element in Output Data Set: No

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Functional Group Control Number

Format-Length: N - 9

Data Edit Specifications			
AS	ED	IP	OP
N	N	N	N

Effective Date: May 2003

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	Functional	GE02	28		Group Control Number
5010R	Group				
	Trailer				

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04			Does not apply – needed only for electronic submission

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Definition:

Assigned number originated and maintained by the sender.

Codes and Values:

1. Equals Group Control Number.

Edit Applications:

1. May equal Group Control Number.

2. Must be the same value as Functional Group Header (GS06).

Data Element in Output Data Set: No

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Interchange Control Trailer Functional Groups

Data Edit Specifications			
AS	ED	IP	OP
N	N	N	N

Format-Length: N-5

Effective Date: May 2003

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	Interchange	IEA01	I16		Number of Included Functional
5010R	Control				Groups
	Trailer				

Paper Form	Locator	Code Qualifier	Description
Institutional - UB-04			Does not apply - needed only for electronic submission.

Definition:

A count of the number of functional groups included in an interchange.

Codes and Values:

1. Equals the Number of Included Functional Groups.

Edit Applications:

1. Must equal the Number of Included Functional Groups.

Data Element in Output Data Set: No

SPARCS INPUT DATA ELEMENT DESCRIPTION

Data Element Name: Interchange Control Number

Format-Length: N-9

Data Edit Specifications			
AS	ED	IP	OP
N	N	N	N

Effective Date: May 2003

Revision Date: March 2011

National Standard Mapping:

Electronic - 837I	X12 Loop	Ref. Des.	Data Element	Code	X-12 Data Element Name
Version 4050R	Interchange	IEA02	I12		Interchange Control Number
5010R	Control				
	Number				

Paper Form	Locator	Code Qualifier	Description		
Institutional - UB-04					

Definition:

A control number assigned by the interchange sender. The Interchange Control Number is the same value as the Interchange Header, ISA13.

Codes and Values:

1. Equals the Interchange Control Number.

Edit Applications:

1. Must equal the Interchange Control Number

2. Must be the same value as the Interchange Header (ISA13).

Data Element in Output Data Set: No