



SPARCS

ESTABLISHED IN 1979

OUTPATIENT

OUTPUT DATA DICTIONARY

Version 1.0
2014

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NOTE: **Bolded** and UPPER CASE are **IDENTIFYING DATA ELEMENTS** (see Data Protection Review Board (DPRB)
(See note below regarding AIDS/HIV and Abortion Edits)

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I. INTRODUCTION

I. Introduction

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 to collect patient level detail on patient characteristics, diagnoses, treatments and services. The purpose of SPARCS, as outlined in the regulations, was to create a statewide data set to contribute to the goal of providing high quality medical care at a reasonable cost to the inhabitants of the State by serving as an information source for organizations and agencies seeking to promote the efficient delivery of health care services. (Title 10 (Health) NYCRR 400.18 (e)(1)(i)).

Initially, data was collected for inpatient discharges only; SPARCS now collects data for every inpatient hospital discharge (IP)(1980), ambulatory surgery visit (AS)(1983), emergency department admission (ED) (2003), and most recently, outpatient visits (OP) (2011) from health care facilities certified under Article 28 of the New York State Public Health Law (NYSPHL).

The enabling legislation and regulations for SPARCS are located under Section 2816 of the Public Health Law 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 the 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 NYCRR to continue SPARCS under regulatory authority to collect inpatient data. The regulations required that inpatient data be submitted by all Article 28 facilities certified for inpatient services in New York State.

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. These additional regulations required that outpatient data be submitted by all 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 simplify data reporting. With this adoption, SPARCS reaped the benefits of using the national standards; In order to continue to progress with the current health care industry data standards, SPARCS continues to adopt changes approved by the National Uniform Billing Committee (NUBC).

Recognizing the need for emergency department data (ED), the New York State Legislature passed legislation in September 2001 mandating the collection of ED data through SPARCS. After identifying data elements that satisfied public health and health services administration identifying data elements that satisfied public health and health services administration information needs, voluntary submissions started in 2003. Once the regulations were established for the collection of ED data in January 2005, mandatory collection began.

In April 2006 the New York State Legislature again amended Article 28 Section 2816 (2) (a) (iv) to mandate the reporting of all outpatient clinic visit data (OP). This new information was added to the collection of AS and ED visits on the outpatient file. This initiative became known as the Expanded Outpatient Data Collection (EODC) Project with data collection commencing with a phased in approach that started in the summer of 2011 from hospital outpatient departments. This new information was added to the Outpatient Output SPARCS file.

As a result of the new data collection, the need arose to restructure the output files. In 2012, the structure of the output files for both inpatient and outpatient data were modified to organize the data elements into segments. This document reflects these changes.

SPARCS AND PATIENT PRIVACY

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 Bureau of Health Informatics. Staff is available to assist with every phase of the SPARCS data system.

As a public health entity, the NYS Department of Health and the SPARCS data set are not covered under the Health Insurance Portability and Accountability Act (HIPAA) of 1996. However, the NYS Department of Health takes very seriously the protection of patient privacy. In fact, the NYS Department of Health created a Data Protection Review Board (DPRB) that has been in place since 1980. The DPRB approves the applications for identifiable data.

All users of the SPARCS Limited and Identifiable data must sign Data Use Agreements (DUAs). Regardless of the type of data or file being used, these DUAs are strictly enforced.

WHERE THE DATA COMES FROM:

SPARCS inpatient (IP) and outpatient (AS, ED, OP) data are 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, is required to submit data to SPARCS. This includes all New York State Hospitals and Diagnostic and Treatment Centers (D&TCs - also known as clinics). This includes both hospital owned and operated, as well as, free-standing D&TC facilities. Regardless of their ownership, each facility must report data for each facility location. That is, if a hospital owns more than one location (i.e., Buffalo General Hospital, Millard Fillmore Hospital, Millard Fillmore Suburban, and DeGraff Memorial Hospital) each location must report separately to SPARCS.

OUTPATIENT DATA TYPES

The data are collected and distributed in two distinct formats; the inpatient format and the outpatient format. On the outpatient data file, there are three types of data:

<u>Data Type</u>	<u>Collection began</u>	<u>Defined using Revenue codes:</u>	
Ambulatory Surgery (AS)	1983	0360 Operating Room Services	
		0362 Operating Room Services	
		0369 Operating Room Services	
		0481 Cardiology	
		0490 Ambulatory Surgery	
		0499 Ambulatory Surgery	
		0750 Gastro-Intestinal Services	
		0790 Lithotripsy	
Emergency Department (ED)	2003	045x Emergency Department Services	
		<i>Specific Codes as of 10/12:</i>	
		0450 General Classification of ER	
		0451 EMTALA (Emergency Medical Treatment and Labor Act) Emergency Medical Screening	
		0452 ER Beyond EMTALA	
		0456 Urgent Care ER/Urgent	
		0459 Other Emergency Room	
		Outpatient Services (OP)	2011

Selected data elements are only available for certain data types. The Outpatient Table of Contents located on the website (www.health.ny.gov/statistics/sparcs/) will detail the availability of each data element for each type of data.

FILE TYPES and FORMAT

SPARCS data users will find a vast array of information on our web site, including specifics on data content, format, and obtaining data access. Users should note the distinction between the two Output Data Dictionaries (Inpatient and Outpatient). The Output Data Dictionary for Inpatient (hospital discharge data and emergency room visits that resulted in an inpatient stay data) and the Output Data Dictionary for Outpatient (emergency department only, ambulatory surgery and outpatient services visit data) are two specific documents for data users.

With the collection of new outpatient services data in 2012, came the opportunity to redesign the output files. Beginning in August 2012, the file format for all data years (for all types of data) was modified. For SPARCS data users that obtained data prior to August 2012, this Data Dictionary will not apply since data was in the old format. For users obtaining data in August 2012 and after, (for any data year) this Data Dictionary will apply since the data is in the new format. Thus, if you requested Inpatient Data for years 2000-2005 after August 2012, this is the Data Dictionary to use for the new file format. Any file received after August 2012 will be in this new format, regardless of the year of data requested.

File Types:

To enable the use of SPARCS data as a national information resource for all researchers to contribute to the goal of providing high quality medical care at a reasonable cost, there are three distinct files available for usage. Additional information on these data sets is available on the NYS Health Department's website at <http://www.health.ny.gov/statistics/sparcs/>.

De-identified – This data file contains basic record level detail; it does not contain data that is protected health information (PHI) under HIPAA. The health information is not individually identifiable; all data elements that are considered identifiable have been redacted. For example, the direct identifiers regarding a date (admission date, procedure date, etc.) have the day and month portion of the date removed. This data file is public under the Freedom of Information Law (FOIL). There is a process under the NYS Department of Health for obtaining such information under FOIL. For more information on obtaining this data file please contact the following office:

Records Access Office

New York State Department of Health

Corning Tower, Room 2364

Albany, New York 12237-0044

Fax: (518) 486-9144

E-mail: foil@health.state.ny.us

Website: <http://www.health.ny.gov/regulations/foil/howto.htm>

Limited – This data file contains more information than the De-identified File that is described as “limited” under HIPAA. That is, the additional information does not contain any “direct identifiers” under HIPAA; but is “limited” by modifying the data elements. Specifically, the data is encrypted to render protected health information unusable, unreadable or indecipherable to unauthorized individuals.¹ The encryption processes used by SPARCS has been tested by the National Institute of Standards and Technology (NIST) and judged to meet their standards. Other direct identifiers

¹ 45 CFR 164.304, definition of “encryption.”

regarding a date (admission date, procedure date, etc.) have the day portion of the date removed (the month and year are available.)

This data file requires users to submit an application and sign a Data Use Agreement (DUA). The signed DUA allows the NYS Department of Health to disclose this information to users without authorization from the data subjects. To obtain this data file, a completed DOH-4395 limited data application and signed DUA must be submitted to:

*Director, Data Release and Analytics Unit
New York State Department of Health
Corning Tower, Room 878
Albany NY 12237
Phone: (518) 474-3189
Fax: (518) 402-1193
E-mail: SPARCS@health.state.ny.us*

Identifiable – This file contains direct identifiers under HIPAA, such as patient’s specific address, patient’s date of birth, patient record numbers (medical record number, patient control number, etc.) and specific dates. Each data element page within this document will indicate if the data element is contained on the Identifiable Data Set. To obtain this data file a completed DOH-4385 identifiable data application and signed DUA must be submitted to:

*Executive Secretary
Data Protection Review Board
New York State Department of Health
Corning Tower, Room 878
Albany NY 12237
Phone: (518) 473-8144
Fax: (518) 486-3518
E-mail: DPRB@health.state.ny.us*

In order to determine if a data element is included in one of the above datasets, please see the specific data element page in this document, or the “Table of Contents” document on the website. The Table of Contents document has a column for “De-identified”, “Limited” and “Identifiable” files; an “x” will be marked in the appropriate column indicating if the data element is available on a particular file.

File Format:

In 2012, the file format was changed to introduce the concept of data segments. These segments will help users of the data find specific data elements that relate to one another. The new segments for the Outpatient Output file are:

- Common Detail
- Patient
- Newborn
- Facility
- Physician
- Payer
- Data Collection
- Miscellaneous
- Treatment
- Diagnosis
- Procedure
- DRGs
- AMI
- HIPAA
- Charges
- Service

Due to the large number of data elements and the repetitive nature of some of the data elements, SPARCS cannot put all the information on one output record. The output files for SPARCS have historically employed the use of many records to display the event (hospital stay or visit). To do this within an output file structure, the records for the event are classified as either the “Primary Record” or “Continuation Record(s)”. That is, if a patient has more information than can fit on the Primary Record”, then the additional information is contained on the Continuation Record(s)”. All patient visits will have a Primary Record”. Depending upon the events during the visit, there may be one or more Continuation Record(s).

RECORD TYPE:

PRIMARY:

- On all services less than or equal to seven (7).

Within the file structure, the Primary Record contains the majority of information on the patient hospital visit. The Primary Record contains more segments than the continuation records. Table I outlines the segments contained on the Primary Record. Please note that the segment “Common Detail” is on both record types. The information or data elements contained in this segment are used to link to the Primary and Continuation Records.

CONTINUATION:

- On all services greater than seven (7).

The Continuation Records are used to “continue” the information related to the patient’s visit. Table I outlines the segments contained on the Continuation Record. In order to know how many continuation records there are for a patient stay/visit, you must use the data elements “Record Sequence Number” and “Record Sequence Count”. Do not use Continuation Records without linking the information to the Primary Record.

**TABLE I
SEGMENT LOCATIONS**

SEGMENT	# of Data Elements	RECORD TYPE	
		PRIMARY RECORD	CONTINUATION RECORD
COMMON DETAIL -Discharge Number -Continuation Type -Record Sequence -Record Sequence Count	4	YES	YES
PATIENT	18	YES	NO
NEWBORN	1	YES	NO
FACILITY	7	YES	NO
PHYSICIAN	3	YES	NO
PAYER	7*	YES	NO
DATA COLLECTION	6	YES	NO
MICELLANEOUS	4	YES	NO
TREATMENT	12	YES	NO
DIAGNOSIS	6*	YES	NO
PROCEDURE	10*	YES	NO
DRG	18	YES	NO
AMI	4	YES	NO
HIPAA	2	YES	NO
CHARGES	4	YES	NO
SERVICE	54*	YES	YES

*data elements with multiple values collected are counted once, i.e., other diagnosis code 1 – 24

As you see in the above table, in addition to the necessary “Common Detail”, “Service Segment” is the only segment continued on Continuation Records. The reason for this is because the amount of information contained on the claim for the services provided can vastly differ from individual to individual. The “Continuation Records” allow for additional information to be collected on services. The number of continuation records is contained in the data element “Record Sequence Count”. The specific record of the sequence is contained in the data element “Record Sequence Number”.

EXAMPLE WITH SERVICE SEGMENT DETAIL

For example, Mr. Smith is a patient that had a long hospital stay; he is likely to have many services provided during his stay. On the Service Segment are the data elements contained in Table II. There can be up to 999 occurrences reported on the service level data elements on the claim. In our example, Mr. Smith had 83 different revenue codes associated with his claim. The first seven of these revenue codes are located on the Primary Record, where the Record Sequence Number is always equal to one (1). The other revenue codes are located on Continuation Records.

TABLE II
Outpatient Service Segment – Data Elements and their Positions

Set of Data Elements	Short Name	Primary Contain:	Continuation Records Contain:
Revenue Code	Revcd	1 – 7	8 - 999
Revenue Type	RevType	1 – 7	8 - 999
Service Charges	ServChrg	1 – 7	8 - 999
Unit Type	Unit_type	1 – 7	8 - 999
Unit Quantity	Units	1 – 7	8 - 999
Service Non-covered Charges	ServNChrg	1 – 7	8 - 999

In order for researchers to obtain the rest of Mr. Smith’s information, they must obtain the appropriate Continuation Records by using the “Common Detail” segments / data elements to link the information. It is very important to link the appropriate primary record to the corresponding continuation record, particularly if Mr. Smith has been in the hospital more than once.

By using Table III below, one can see that Mr. Smith’s first Continuation Record will contain Revenue Codes 8-18; this Continuation Record will have a Record Sequence Number equal to two (2).

The remainder of Mr. Smith’s revenue codes (19 -29) will be contained on the next Continuation Record; this Continuation Record will have a Record Sequence Number equal to three (3).

In this example, the Record Sequence Count for Mr. Smith’s stay will be equal to “3” because there are a total of three records containing information; one Primary Record and two Continuation Records.

**TABLE III: How to Use the
Sequence Number on Continuation Records**

Sequence #	1 (Primary)	2 (Continuation)	3 (Continuation)	4 (Continuation)	5 (Continuation)	6 (Continuation)	7 to 92 (Continuation)
Data Element Name and Number							...continued with additional continuation records
Revenue Code	1-7	8-18	19-29	30-40	41-51	52-62	→
Type of Revenue Code	1-7	8-18	19-29	30-40	41-51	52-62	
Procedure Code; CPT- 4/HCPC	1-7	8-18	19-29	30-40	41-51	52-62	→
Procedure Code Modifier 1	1-7	8-18	19-29	30-40	41-51	52-62	
Procedure Code Modifier 2	1-7	8-18	19-29	30-40	41-51	52-62	
Charge of Service	1-7	8-18	19-29	30-40	41-51	52-62	
Type of Unit	1-7	8-18	19-29	30-40	41-51	52-62	
Quantity	1-7	8-18	19-29	30-40	41-51	52-62	
Non-Covered Charge of Service	1-7	8-18	19-29	30-40	41-51	52-62	→
Service Date	1-7	8-18	19-29	30-40	41-51	52-62	
Pre-visit Procedure Indicator	1-7	8-18	19-29	30-40	41-51	52-62	
Line item number	1-7	8-18	19-29	30-40	41-51	52-62	
Visit ID	1-7	8-18	19-29	30-40	41-51	52-62	
Lines in Visit	1-7	8-18	19-29	30-40	41-51	52-62	
Visit Date	1-7	8-18	19-29	30-40	41-51	52-62	→
Visit Processed Flag	1-7	8-18	19-29	30-40	41-51	52-62	
 ...continued with Additional Service Data Elements							→

Table IV details what data elements are contained in each Continuation Record. For example, Continuation Record #9, will contain Revenue Codes 85 – Revenue Code 95.

**TABLE IV: Sequence Count
on Outpatient Data File**

Sequence and Data Element Numbers		
Record Format	Sequence Count	Data Element Numbers
Primary	1	1-7
Continuation	2	8-18
Continuation	3	19-29
Continuation	4	30-40
Continuation	5	41-51
Continuation	6	52-62
Continuation	7	63-73
Continuation	8	74-84
Continuation	9	85-95
Continuation	10	96-106
Continuation	11	107-117
Continuation	12	118-128
Continuation	13	129-139
Continuation	14	140-150
Continuation	15	151-161
Continuation	16	162-172
Continuation	17	173-183
Continuation	18	184-194
Continuation	19	195-205
Continuation	20	206-216
Continuation	21	217-227
Continuation	22	228-238
Continuation	23	239-249
Continuation	24	250-260
Continuation	25	261-271
Continuation	26	272-282
Continuation	27	283-293
Continuation	28	294-304
Continuation	29	305-315
Continuation	30	316-326
Continuation	31	327-337
Continuation	32	338-348
Continuation	33	349-359

**TABLE IV: Sequence Count
on Outpatient Data File**

Sequence and Data Element Numbers		
Record Format	Sequence Count	Data Element Numbers
Continuation	34	360-370
Continuation	35	371-381
Continuation	36	382-392
Continuation	37	393-403
Continuation	38	404-414
Continuation	39	415-425
Continuation	40	426-436
Continuation	41	437-447
Continuation	42	448-458
Continuation	43	459-469
Continuation	44	470-480
Continuation	45	481-491
Continuation	46	492-502
Continuation	47	503-513
Continuation	48	514-524
Continuation	49	525-535
Continuation	50	536-546
Continuation	51	547-557
Continuation	52	558-568
Continuation	53	569-579
Continuation	54	580-590
Continuation	55	591-601
Continuation	56	602-612
Continuation	57	613-623
Continuation	58	624-634
Continuation	59	635-645
Continuation	60	646-656
Continuation	61	657-667
Continuation	62	668-678
Continuation	63	679-689
Continuation	64	690-700
Continuation	65	701-711
Continuation	66	712-722
Continuation	67	723-733
Continuation	68	734-744
Continuation	69	745-755

**TABLE IV: Sequence Count
on Outpatient Data File**

Sequence and Data Element Numbers		
Record Format	Sequence Count	Data Element Numbers
Continuation	70	756-766
Continuation	71	767-777
Continuation	72	778-788
Continuation	73	789-799
Continuation	74	800-810
Continuation	75	811-821
Continuation	76	822-832
Continuation	77	833-843
Continuation	78	844-854
Continuation	79	855-865
Continuation	80	866-876
Continuation	81	877-887
Continuation	82	888-898
Continuation	83	899-909
Continuation	84	910-920
Continuation	85	921-931
Continuation	86	932-942
Continuation	87	943-953
Continuation	88	954-964
Continuation	89	965-975
Continuation	90	976-986
Continuation	91	987-997
Continuation	92	998-999

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II.

DATA ELEMENT GUIDE

II. DATA ELEMENT PROGRAMMING GUIDE PRIMARY RECORDS

Outpatient Output Data Elements

NOTE: Bolded and UPPER CASE are IDENTIFYING DATA ELEMENTS [see "Data Protection Review Board" (DPRB)]
(See Below Regarding AIDS/HIV Edits)

COMMON DETAIL - Primary Records

Record Positions	Data Element	Type	Size	Description
1-14	Discharge Sequential Number	NUM	14	Discharge year, plus an eight digit number sequentially assigned by SPARCS
15	Continuation Indicator	NUM	1	0 = no continuation records 1 = continuation record exists
16-18	Record Sequence Number	NUM	3	Assigned by SPARCS, Indicates the record's position within visit
19-21	Record Sequence Count	NUM	3	Number of records reported for the discharge

PATIENT SEGMENT - Primary Records

Record Positions	Data Element	Type	Size	Description
22-23	Filler	CHAR	2	No data
24-43	PATIENT CONTROL NUMBER	CHAR	20	Patient's unique number assigned by the provider
44-60	MEDICAL RECORD NUMBER	CHAR	17	The number used by Medical Records Department to identify patient's permanent medical record file
61-70	UNIQUE PERSONAL IDENTIFIER	CHAR	10	Composed of portions of last name (first 2, last 2), first name (first 2), SSN (last 4)
71-89	ENHANCED UNIQUE PERSONAL IDENTIFIER	CHAR	19	Unique Personal Identifier plus date of birth and sex
90-97	PATIENT BIRTH DATE	NUM	8	Patient birth date (YYYYMMDD)
98-100	Age	NUM	3	Patient's age calculated at time of visit
101-103	Age in Days (for Newborn)	NUM	3	Age calculated in days for all records with age of 0 (under one year of age)
104	Patient Sex	CHAR	1	Sex of patient as recorded at start of care
105-106	Patient Race	CHAR	2	Code best describing race of patient
107	Patient Ethnicity	CHAR	1	Code best describing ethnic origin of patient
108-125	Patient ADDRESS LINE 1	CHAR	18	Patient street number, PO Box number, or RFD
126-143	Patient ADDRESS LINE 2	CHAR	18	Continuation of the mailing address (blank if n/a)
144-158	Patient City	CHAR	15	City, Town, or Village
159-160	Patient State	CHAR	2	Capitalized two-letter abbreviation for the state
161-165	Patient Zip Code		5	Postal Service Zip Code (five digit)
166-169	Patient ZIP CODE EXTENSION	CHAR	4	Zip Code Extension (four digit)
170-171	Patient County Code	NUM	2	Valid two-digit code in accordance with Zip/County Code Edit Validation Table in Appendix F
172-173	SPARCS Region Code	CHAR	2	Assigned by SPARCS based on county of the facility

NEWBORN SEGMENT - Primary Records

Record Positions	Data Element	Type	Size	Description
174	Newborn Flag	CHAR	1	Flag indicating newborn status

FACILITY SEGMENT - Primary Records

Record Positions	Data Element	Type	Size	Description
175-180	Facility Identifier (<i>previously SPARCS Identification Number</i>)	CHAR	6	Number assigned by the NYSDOH upon certification. Previously Permanent Facility Identifier (PFI).
181	Facility Identifier Check Digit	CHAR	1	Follows the Facility Identifier. Assigned by SPARCS Administrative Unit.
182-251	Facility Name	CHAR	70	Facility Name as maintained by the NYSDOH Division of Health and Facility Planning
252	Health Service Area	NUM	1	Assigned by SPARCS based on county of Facility

Record Positions	Data Element	Type	Size	Description
253-254	Facility County (<i>previously Hospital County</i>)	NUM	2	Assigned by SPARCS based on county of facility
255-261	Operating Certificate Number	NUM	7	Number assigned by NYSDOH Division of Health and Facility Planning
262-271	National Provider ID (<i>previously Provider Identification Number</i>)	NUM	10	Facility's National Provider ID (NPI)

PHYSICIAN SEGMENT - Primary Records

Record Positions	Data Element	Type	Size	Description
272-279	Attending Provider State License Number	CHAR	8	Professional license number, issued by NYS Dept. of Ed. Identifies health care professional primarily responsible for patient's care (Attending Physician ID)
280-287	Operating Physician State License Number	CHAR	8	Professional license number, issued by NYS Dept. of Ed. Identifies the health care professional who performed principal procedure (Operating Physician ID)
288-295	Other Physician State License Number	CHAR	8	Professional license number, issued by NYS Dept. of Ed. Identifies other health care professional primarily responsible for patient's care (Other Physician ID)

PAYER SEGMENT - Primary Records

Record Positions	Data Element	Type	Size	Description
296-300	Source of Payment Typology 1	NUM	5	Identifies the payer expected to pay the MAJOR portion of the bill.
301-305	Source of Payment Typology 2	NUM	5	Identifies secondary payer expected to pay portion of bill
306-310	Source of Payment Typology 3	NUM	5	Identifies third payer expected to pay a portion of bill
311	Source of Payment 1	CHAR	1	Code indicating type of payment
335	Source of Payment 2	CHAR	1	Code indicating type of payment
359	Source of Payment 3	CHAR	1	Code indicating type of payment
383	Source of Payment 4	CHAR	1	Code indicating type of payment
407	Source of Payment 5	CHAR	1	Code indicating type of payment
431	Source of Payment 6	CHAR	1	Code indicating type of payment
312-313	Claim Filing Indicator 1	CHAR	2	X-12 code indicating type of payment
336-337	Claim Filing Indicator 2	CHAR	2	X-12 code indicating type of payment
360-361	Claim Filing Indicator 3	CHAR	2	X-12 code indicating type of payment
384-385	Claim Filing Indicator 4	CHAR	2	X-12 code indicating type of payment
408-409	Claim Filing Indicator 5	CHAR	2	X-12 code indicating type of payment
432-433	Claim Filing Indicator 6	CHAR	2	X-12 code indicating type of payment
314-321	Payer ID Number 1	CHAR	8	NIAC ID Number or Plan Number for Insurance Company
338-345	Payer ID Number 2	CHAR	8	NIAC ID Number or Plan Number for Insurance Company
362-369	Payer ID Number 3	CHAR	8	NIAC ID Number or Plan Number for Insurance Company
386-393	Payer ID Number 4	CHAR	8	NIAC ID Number or Plan Number for Insurance Company
410-417	Payer ID Number 5	CHAR	8	NIAC ID Number or Plan Number for Insurance Company
434-441	Payer ID Number 6	CHAR	8	NIAC ID Number or Plan Number for Insurance Company
322-334	Billing National Provider Identification Number 1	CHAR	13	Insurance Company's ID for Facility (Facility NPI)
346-358	Billing National Provider Identification Number 2	CHAR	13	Insurance Company's ID for Facility (Facility NPI)
370-382	Billing National Provider Identification Number 3	CHAR	13	Insurance Company's ID for Facility (Facility NPI)
394-406	Billing National Provider Identification Number 4	CHAR	13	Insurance Company's ID for Facility (Facility NPI)
418-430	Billing National Provider Identification Number 5	CHAR	13	Insurance Company's ID for Facility (Facility NPI)
442-454	Billing National Provider Identification Number 6	CHAR	13	Insurance Company's ID for Facility (Facility NPI)
455-456	Expected Principal Reimbursement	CHAR	2	Code identifying the secondary payer expected to pay a portion of the patient's bill.

Record Positions	Data Element	Type	Size	Description								
457-460	Medicaid Rate Code	CHAR	4	Code indicating monthly payment was required of Medicaid patient towards cost of visit. <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Surplus</td> </tr> <tr> <td>2</td> <td>Catastrophic</td> </tr> <tr> <td>3</td> <td>Recurring Monthly Income</td> </tr> </tbody> </table>	Code	Description	1	Surplus	2	Catastrophic	3	Recurring Monthly Income
Code	Description											
1	Surplus											
2	Catastrophic											
3	Recurring Monthly Income											

DATA COLLECTION SEGMENT - Primary Records

Record Positions	Data Element	Type	Size	Description												
461-466	Log Number	NUM	6	Assigned by SPARCS. Identifies submission to which the record belongs.												
467	Transaction Code	CHAR	1	Identifies transaction type for the electronic institutional claims <table border="1"> <thead> <tr> <th>Code</th> <th>Value</th> <th>Type of Bill</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Delete</td> <td>Third position code "8"</td> </tr> <tr> <td>2</td> <td>Add</td> <td>Third position code "1"</td> </tr> <tr> <td>3</td> <td>Correction</td> <td>Third position code "7"</td> </tr> </tbody> </table>	Code	Value	Type of Bill	1	Delete	Third position code "8"	2	Add	Third position code "1"	3	Correction	Third position code "7"
Code	Value	Type of Bill														
1	Delete	Third position code "8"														
2	Add	Third position code "1"														
3	Correction	Third position code "7"														
468-475	Date Processed	CHAR	8	Date facility created the file to submit to SPARCS												
476-478	SPARCS Collector Code	NUM	3	SPARCS Collector Code												
479	Claim Type	CHAR	1	Claim Type (I, A, E, O) O = Outpatient Services												
480	Source File Type (Complete/Incomplete)	NUM	1	File Type (C = Complete / I = Incomplete)												

MISCELLANEOUS SEGMENT - Primary Records

Record Positions	Data Element	Type	Size	Description
481	Residence Indicator	CHAR	1	Code indicating Homeless / Non-US Resident. "H" = HOMELESS "F" = Non-US Resident (Foreign Born) , Blank if N/A
482-484	Procedure Time	CHAR	3	Operating Time
485-486	Accident Hour	CHAR	2	Accident Hour
487	Emergency Department (ED) Indicator	CHAR	1	Emergency Department Indicator based on submitted revenue codes. E = revenue code of 045X, or blank

TREATMENT SEGMENT - Primary Records

Record Positions	Data Element	Type	Size	Description
488-495	STATEMENT FROM DATE <i>(previously Statement Covers Period From Date)</i>	NUM	8	Beginning date of the billing period (YYYYMMDD)
496-503	STATEMENT THRU DATE <i>(previously Statement Covers Period Through Date)</i>	NUM	8	Ending date of the billing period (YYYYMMDD)
504-511	ADMISSION/START OF CARE DATE	NUM	8	Date of visit(YYYYMMDD)
512-514	Admit Weekday	CHAR	3	Day of week of patient visit (1st three letters)
515-516	Admission Hour	NUM	2	Hour of visit
517-524	DISCHARGE DATE	NUM	8	Date of discharge or death. (YYYYMMDD)
525-527	Discharge Weekday	CHAR	3	Weekday of discharge or death (1st three letters)
528-529	Discharge Hour	NUM	2	Hour of discharge or death
530	Same Day Discharge Indicator	CHAR	1	Flag indicating if patient admitted and discharged same day. 0 = not same day 1 = same day
531-532	Patient Discharge Status <i>(previously NYS Patient Status or Discharge Disposition)</i>	CHAR	2	Code which best identifies the patient's destination or status upon discharge
533-535	Type of Bill	CHAR	3	Three-digit numeric code. Identifies specific bill type

Record Positions	Data Element	Type	Size	Description														
536	Service Category Group	CHAR	1	Service Category Group of discharge record <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Medical</td> </tr> <tr> <td>2</td> <td>Surgical</td> </tr> <tr> <td>3</td> <td>Pediatric</td> </tr> <tr> <td>4</td> <td>Obstetric</td> </tr> <tr> <td>5</td> <td>Nursery/Newborn</td> </tr> <tr> <td>6</td> <td>Psychiatric</td> </tr> </tbody> </table>	Code	Description	1	Medical	2	Surgical	3	Pediatric	4	Obstetric	5	Nursery/Newborn	6	Psychiatric
Code	Description																	
1	Medical																	
2	Surgical																	
3	Pediatric																	
4	Obstetric																	
5	Nursery/Newborn																	
6	Psychiatric																	

DIAGNOSIS SEGMENT - Primary Records

Record Positions	Data Element	Type	Size	Description
537-543	Admitting Diagnosis Code	CHAR	7	Code describing condition at time of visit
544-550	Principal Diagnosis Code	CHAR	7	Code indicating condition established after study to have been chiefly responsible for visit
551-557	Other Diagnosis Code 1	CHAR	7	Any other condition affecting treatment
558-564	Other Diagnosis Code 2	CHAR	7	Any other condition affecting treatment
565-571	Other Diagnosis Code 3	CHAR	7	Any other condition affecting treatment
572-578	Other Diagnosis Code 4	CHAR	7	Any other condition affecting treatment
579-585	Other Diagnosis Code 5	CHAR	7	Any other condition affecting treatment
586-592	Other Diagnosis Code 6	CHAR	7	Any other condition affecting treatment
593-599	Other Diagnosis Code 7	CHAR	7	Any other condition affecting treatment
600-606	Other Diagnosis Code 8	CHAR	7	Any other condition affecting treatment
607-613	Other Diagnosis Code 9	CHAR	7	Any other condition affecting treatment
614-620	Other Diagnosis Code 10	CHAR	7	Any other condition affecting treatment
621-627	Other Diagnosis Code 11	CHAR	7	Any other condition affecting treatment
628-634	Other Diagnosis Code 12	CHAR	7	Any other condition affecting treatment
635-641	Other Diagnosis Code 13	CHAR	7	Any other condition affecting treatment
642-648	Other Diagnosis Code 14	CHAR	7	Any other condition affecting treatment
649-655	Other Diagnosis Code 15	CHAR	7	Any other condition affecting treatment
656-662	Other Diagnosis Code 16	CHAR	7	Any other condition affecting treatment
663-669	Other Diagnosis Code 17	CHAR	7	Any other condition affecting treatment
670-676	Other Diagnosis Code 18	CHAR	7	Any other condition affecting treatment
677-683	Other Diagnosis Code 19	CHAR	7	Any other condition affecting treatment
684-690	Other Diagnosis Code 20	CHAR	7	Any other condition affecting treatment
691-697	Other Diagnosis Code 21	CHAR	7	Any other condition affecting treatment
698-704	Other Diagnosis Code 22	CHAR	7	Any other condition affecting treatment
705-711	Other Diagnosis Code 23	CHAR	7	Any other condition affecting treatment
712-718	Other Diagnosis Code 24	CHAR	7	Any other condition affecting treatment
719-721	Clinical Classification Software (CCS) Diagnosis Category	CHAR	3	CCS Diagnosis Category using the reported ICD-9-CM code
722-723	Accident Related Code	CHAR	2	Identifies specific event relating to the bill that may affect payer processing
724-731	ACCIDENT RELATED DATE	NUM	8	Date corresponds to significant event related to bill that might affect payer processing (YYYYMMDD)
732-738	External Cause of Injury	CHAR	7	ICD-9-CM code for the external cause of injury, poisoning, or adverse effect
739-745	Place of Injury Code	CHAR	7	Identifies place where the corresponding injury was reported in External Cause-of-Injury Code

PROCEDURE SEGMENT - Primary Records

Record Positions	Data Element	Type	Size	Description
746-749	Principal Procedure Code	CHAR	4	Identifies the principal procedure performed at claim level during period covered by this event
750-757	Principal Procedure Date	NUM	8	Date procedure performed
759-762	Other Procedure Code 1	CHAR	4	ICD code identifying any significant procedure, other than principal procedure

Record Positions	Data Element	Type	Size	Description
772-775	Other Procedure Code 2	CHAR	4	ICD code identifying any significant procedure, other than Principal Procedure
785-788	Other Procedure Code 3	CHAR	4	ICD code identifying any significant procedure, other than Principal Procedure
798-801	Other Procedure Code 4	CHAR	4	ICD code identifying any significant procedure, other than Principal Procedure
811-814	Other Procedure Code 5	CHAR	4	ICD code identifying any significant procedure, other than Principal Procedure
824-827	Other Procedure Code 6	CHAR	4	ICD code identifying any significant procedure, other than Principal Procedure
837-840	Other Procedure Code 7	CHAR	4	ICD code identifying any significant procedure, other than Principal Procedure
850-853	Other Procedure Code 8	CHAR	4	ICD code identifying any significant procedure, other than Principal Procedure
863-866	Other Procedure Code 9	CHAR	4	ICD code identifying any significant procedure, other than Principal Procedure
876-879	Other Procedure Code 10	CHAR	4	ICD code identifying any significant procedure, other than Principal Procedure
889-892	Other Procedure Code 11	CHAR	4	ICD code identifying any significant procedure, other than Principal Procedure
902-905	Other Procedure Code 12	CHAR	4	ICD code identifying any significant procedure, other than Principal Procedure
915-918	Other Procedure Code 13	CHAR	4	ICD code identifying any significant procedure, other than Principal Procedure
928-931	Other Procedure Code 14	CHAR	4	ICD code identifying any significant procedure, other than Principal Procedure
763-770	Other Procedure Date 1	NUM	8	Date Other Procedure performed.
776-783	Other Procedure Date 2	NUM	8	Date Other Procedure performed.
789-796	Other Procedure Date 3	NUM	8	Date Other Procedure performed.
802-809	Other Procedure Date 4	NUM	8	Date Other Procedure performed.
815-822	Other Procedure Date 5	NUM	8	Date Other Procedure performed.
828-835	Other Procedure Date 6	NUM	8	Date Other Procedure performed.
841-848	Other Procedure Date 7	NUM	8	Date Other Procedure performed.
854-861	Other Procedure Date 8	NUM	8	Date Other Procedure performed.
867-874	Other Procedure Date 9	NUM	8	Date Other Procedure performed.
880-887	Other Procedure Date 10	NUM	8	Date Other Procedure performed.
893-900	Other Procedure Date 11	NUM	8	Date Other Procedure performed.
906-913	Other Procedure Date 12	NUM	8	Date Other Procedure performed.
919-926	Other Procedure Date 13	NUM	8	Date Other Procedure performed.
932-939	Other Procedure Date 14	NUM	8	Date Other Procedure performed.
758	Pre-Admit Procedure Indicator (previously Pre-Admit Indicator) 1	CHAR	1	Indicates if procedure was before (-), on (+), or after (+) Visit Date. Blank if no procedure.
771	Pre-Admit Procedure Indicator 2	CHAR	1	Indicates if procedure was before (-), on (+), or after (+) Visit Date. Blank if no procedure.
784	Pre-Admit Procedure Indicator 3	CHAR	1	Indicates if procedure was before (-), on (+), or after (+) Visit Date. Blank if no procedure.
797	Pre-Admit Procedure Indicator 4	CHAR	1	Indicates if procedure was before (-), on (+), or after (+) Visit Date. Blank if no procedure.
810	Pre-Admit Procedure Indicator 5	CHAR	1	Indicates if procedure was before (-), on (+), or after (+) Visit Date. Blank if no procedure.
823	Pre-Admit Procedure Indicator 6	CHAR	1	Indicates if procedure was before (-), on (+), or after (+) Visit Date. Blank if no procedure.
836	Pre-Admit Procedure Indicator 7	CHAR	1	Indicates if procedure was before (-), on (+), or after (+) Visit Date. Blank if no procedure.
849	Pre-Admit Procedure Indicator 8	CHAR	1	Indicates if procedure was before (-), on (+), or after (+) Visit Date. Blank if no procedure.
862	Pre-Admit Procedure Indicator 9	CHAR	1	Indicates if procedure was before (-), on (+), or after (+) Visit Date. Blank if no procedure.

Record Positions	Data Element	Type	Size	Description												
875	Pre-Admit Procedure Indicator 10	CHAR	1	Indicates if procedure was before (-), on (+), or after (+) Visit Date. Blank if no procedure.												
888	Pre-Admit Procedure Indicator 11	CHAR	1	Indicates if procedure was before (-), on (+), or after (+) Visit Date. Blank if no procedure.												
901	Pre-Admit Procedure Indicator 12	CHAR	1	Indicates if procedure was before (-), on (+), or after (+) Visit Date. Blank if no procedure.												
914	Pre-Admit Procedure Indicator 13	CHAR	1	Indicates if procedure was before (-), on (+), or after (+) Visit Date. Blank if no procedure.												
927	Pre-Admit Procedure Indicator 14	CHAR	1	Indicates if procedure was before (-), on (+), or after (+) Visit Date. Blank if no procedure.												
940	Pre-Admit Procedure Indicator 15	CHAR	1	Indicates if procedure was before (-), on (+), or after (+) Visit Date. Blank if no procedure.												
941-943	Clinical Classification Software (CCS) Procedure Category	CHAR	3	CCS Procedure Category based on reported procedure code												
944-945	Method of Anesthesia Used	NUM	2	Type of anesthesia administered <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>00</td> <td>None</td> </tr> <tr> <td>10</td> <td>Local</td> </tr> <tr> <td>20</td> <td>General</td> </tr> <tr> <td>30</td> <td>Regional</td> </tr> <tr> <td>40</td> <td>Other</td> </tr> </tbody> </table>	Code	Description	00	None	10	Local	20	General	30	Regional	40	Other
Code	Description															
00	None															
10	Local															
20	General															
30	Regional															
40	Other															
946	Age Warning Flag	CHAR	1	Flags a conflict between reported diagnosis and ICD-9-CM reference file's age-specific edits. 1 = age conflict blank = no conflict												
947	Procedure Date Warning Flag	CHAR	1	Flags if procedure date conflicts with Date of Care												
948	Procedure Coding Method	CHAR	1	Identifies coding structure used												

DRG SEGMENT - Primary Records

Record Positions	Data Element	Type	Size	Description																
949-950	Grouping Claim Processed Flag	CHAR	2	Flags claims processed with errors or warning messages: <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>00</td> <td>Errors or warning/messages</td> </tr> <tr> <td>01</td> <td>Warning/messages</td> </tr> <tr> <td>02</td> <td>Invalid date claim</td> </tr> <tr> <td>03</td> <td>Single visit claim action flag</td> </tr> <tr> <td>04</td> <td>No valid visits</td> </tr> <tr> <td>05</td> <td>Blank Pdx</td> </tr> <tr> <td>99</td> <td>Fatal error/APG cannot run</td> </tr> </tbody> </table>	Code	Description	00	Errors or warning/messages	01	Warning/messages	02	Invalid date claim	03	Single visit claim action flag	04	No valid visits	05	Blank Pdx	99	Fatal error/APG cannot run
Code	Description																			
00	Errors or warning/messages																			
01	Warning/messages																			
02	Invalid date claim																			
03	Single visit claim action flag																			
04	No valid visits																			
05	Blank Pdx																			
99	Fatal error/APG cannot run																			
951-960	Claim Processed Warnings/Messages	CHAR	10	Issues warning messages for claims: <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>00</td> <td>No warning messages</td> </tr> <tr> <td>01</td> <td>Some visits unassigned</td> </tr> <tr> <td>02</td> <td>All visits unassigned</td> </tr> <tr> <td>03</td> <td>From Date and Through Date span code versions</td> </tr> <tr> <td>04</td> <td>Non-standard user defined configuration</td> </tr> </tbody> </table>	Code	Description	00	No warning messages	01	Some visits unassigned	02	All visits unassigned	03	From Date and Through Date span code versions	04	Non-standard user defined configuration				
Code	Description																			
00	No warning messages																			
01	Some visits unassigned																			
02	All visits unassigned																			
03	From Date and Through Date span code versions																			
04	Non-standard user defined configuration																			
961-963	Number of Visits	CHAR	3	The description is maintained within the software package																
964-975	APG Version used	CHAR	12	3M™ Enhances APG Software 2011 version 4.0																
976-977	APG List Return Code	CHAR	2	Identifies which of the lists contains the first offending element that failed loading																
978-980	APG List Error Location	CHAR	3	Identifies error location in the list that triggered the failure																
981-983	Item ID Number	CHAR	3	The description is maintained within the software package																
984-986	Error Return Code	CHAR	3	Identifies the Error Return Code by a value of 904 when base rate equals zero (NY)																
987-994	Claim APG Payment	CHAR	8	Identifies the standard APG-based payment for claim																
995-1002	Claim Transition Visit APG Payment	CHAR	8	The description is maintained within the software package																
1003-1010	Claim Existing Payment	CHAR	8	The description is maintained within the software package																
1011-1018	Claim Blended Payment	CHAR	8	The description is maintained within the software package																

Record Positions	Data Element	Type	Size	Description
1019-1026	Claim Add-on Payment	CHAR	8	The description is maintained within the software package
1027-1034	Total Claim Payment	CHAR	8	Identifies the claim payment including the cost outlier payment, if applicable
1035-1042	Claim Non-transition Payment	CHAR	8	The description is maintained within the software package
1043-1051	Claim Adjusted APG Weight	CHAR	9	Identifies the sum of line item adjusted APG weights
1052-1060	Total Claim Full APG Weight	CHAR	9	The description is maintained within the software package
1061-1068	Claim Payment		8	Claim payment including cost outlier payment, if applicable

AMI SEGMENT - Primary Records

Record Positions	Data Element	Type	Size	Description										
1069	AMI Warning Flag	NUM	1	Acute Myocardial Infarction (AMI) Warning Indicator <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>AMI code reported</td> </tr> <tr> <td>0</td> <td>No AMI code reported</td> </tr> </tbody> </table>	Code	Description	1	AMI code reported	0	No AMI code reported				
Code	Description													
1	AMI code reported													
0	No AMI code reported													
1070-1072	Heart Rate on Arrival	NUM	3	Patient heart rate (bpm) at first patient contact after arrival with Principal/Primary Diagnosis of AMI. <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>###</td> <td>Heart Rate on Arrival</td> </tr> <tr> <td>888</td> <td>Undocumented in Medical Chart</td> </tr> <tr> <td>999</td> <td>Unknown</td> </tr> <tr> <td>Blank</td> <td>Not applicable</td> </tr> </tbody> </table>	Code	Description	###	Heart Rate on Arrival	888	Undocumented in Medical Chart	999	Unknown	Blank	Not applicable
Code	Description													
###	Heart Rate on Arrival													
888	Undocumented in Medical Chart													
999	Unknown													
Blank	Not applicable													
1073-1075	Systolic BP on Arrival	NUM	3	Systolic BP in mg/dl at first patient contact after arrival with Principal/Primary Diagnosis of AMI <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>###</td> <td>Systolic Blood Pressure on arrival</td> </tr> <tr> <td>888</td> <td>Undocumented in Medical Chart</td> </tr> <tr> <td>999</td> <td>Unknown</td> </tr> <tr> <td>Blank</td> <td>Not applicable</td> </tr> </tbody> </table>	Code	Description	###	Systolic Blood Pressure on arrival	888	Undocumented in Medical Chart	999	Unknown	Blank	Not applicable
Code	Description													
###	Systolic Blood Pressure on arrival													
888	Undocumented in Medical Chart													
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1076-1078	Diastolic BP on Arrival	NUM	3	Diastolic BP in mg/dl at first patient contact after arrival with Principal/Primary Diagnosis of AMI <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>###</td> <td>Diastolic Blood Pressure on arrival</td> </tr> <tr> <td>888</td> <td>Undocumented in Medical Chart</td> </tr> <tr> <td>999</td> <td>Unknown</td> </tr> <tr> <td>Blank</td> <td>Not applicable</td> </tr> </tbody> </table>	Code	Description	###	Diastolic Blood Pressure on arrival	888	Undocumented in Medical Chart	999	Unknown	Blank	Not applicable
Code	Description													
###	Diastolic Blood Pressure on arrival													
888	Undocumented in Medical Chart													
999	Unknown													
Blank	Not applicable													

HIPAA SEGMENT - Primary Records

Record Positions	Data Element	Type	Size	Description
1079	AIDS/HIV Flag	CHAR	1	Indication of AIDS/HIV in record (Y/N)
1080	Abortion Flag	CHAR	1	Indication of abortion in record (Y/N)

CHARGES SEGMENT - Primary Records

Record Positions	Data Element	Type	Size	Description
1081-1092	Total Charges	NUM	12	Total Charges
1093-1102	Ancillary Total Charges	CHAR	10	Total of all Ancillary Charges incurred
1103-1114	Total Non-Covered Charges	NUM	12	Total charges not reimbursable by primary payer
1115-1124	Total Non-Covered Ancillary Charges	CHAR	10	Total of all Ancillary Non-Covered Charges

SERVICE SEGMENT - Primary Records

Record Positions	Data Element	Type	Size	Description
1125-1128	NUBC Revenue Code 1	CHAR	4	Identifies specific accommodations, ancillary service or unique billing calculations or arrangements. (Revenue Code)
1393-1396	NUBC Revenue Code 2	CHAR	4	See Description for NUBC Revenue Code 1
1661-1664	NUBC Revenue Code 3	CHAR	4	See Description for NUBC Revenue Code 1
1929-1932	NUBC Revenue Code 4	CHAR	4	See Description for NUBC Revenue Code 1
2197-2200	NUBC Revenue Code 5	CHAR	4	See Description for NUBC Revenue Code 1

Record Positions	Data Element	Type	Size	Description
2465-2468	NUBC Revenue Code 6	CHAR	4	See Description for NUBC Revenue Code 1
2733-2736	NUBC Revenue Code 7	CHAR	4	See Description for NUBC Revenue Code 1
1129	Revenue Type 1	CHAR	1	Identifies the type of revenue code utilized, and is grouped into two categories: accommodation codes and ancillary codes
1397	Revenue Type 2	CHAR	1	See Description for Revenue Type 1
1665	Revenue Type 3	CHAR	1	See Description for Revenue Type 1
1933	Revenue Type 4	CHAR	1	See Description for Revenue Type 1
2201	Revenue Type 5	CHAR	1	See Description for Revenue Type 1
2469	Revenue Type 6	CHAR	1	See Description for Revenue Type 1
2737	Revenue Type 7	CHAR	1	See Description for Revenue Type 1
1130-1134	HCPCS/CPT Procedure Code 1	CHAR	5	Healthcare Common Procedure Coding System (HCPCS) code and modifiers for outpatient procedure performed and associated with each line of service
1398-1402	HCPCS/CPT Procedure Code 2	CHAR	5	See Description for HCPCS/CPT Procedure Code 1
1666-1670	HCPCS/CPT Procedure Code 3	CHAR	5	See Description for HCPCS/CPT Procedure Code 1
1934-1938	HCPCS/CPT Procedure Code 4	CHAR	5	See Description for HCPCS/CPT Procedure Code 1
2202-2206	HCPCS/CPT Procedure Code 5	CHAR	5	See Description for HCPCS/CPT Procedure Code 1
2470-2474	HCPCS/CPT Procedure Code 6	CHAR	5	See Description for HCPCS/CPT Procedure Code 1
2738-2742	HCPCS/CPT Procedure Code 7	CHAR	5	See Description for HCPCS/CPT Procedure Code 1
1135-1136	Procedure Modifier Code 1 - 1	CHAR	2	Clarifies or improves the reporting accuracy of the associated procedure code
1403-1404	Procedure Modifier Code 1 - 2	CHAR	2	See Description for Procedure Modifier Code 1 - 1
1671-1672	Procedure Modifier Code 1 - 3	CHAR	2	See Description for Procedure Modifier Code 1 - 1
1939-1940	Procedure Modifier Code 1 - 4	CHAR	2	See Description for Procedure Modifier Code 1 - 1
2207-2208	Procedure Modifier Code 1 - 5	CHAR	2	See Description for Procedure Modifier Code 1 - 1
2475-2476	Procedure Modifier Code 1 - 6	CHAR	2	See Description for Procedure Modifier Code 1 - 1
2743-2744	Procedure Modifier Code 1 - 7	CHAR	2	See Description for Procedure Modifier Code 1 - 1
1137-1138	Procedure Modifier Code 2 - 1	CHAR	2	Clarifies or improves the reporting accuracy of the associated procedure code
1405-1406	Procedure Modifier Code 2 - 2	CHAR	2	See Description for Procedure Modifier Code 2 - 1
1673-1674	Procedure Modifier Code 2 - 3	CHAR	2	See Description for Procedure Modifier Code 2 - 1
1941-1942	Procedure Modifier Code 2 - 4	CHAR	2	See Description for Procedure Modifier Code 2 - 1
2209-2210	Procedure Modifier Code 2 - 5	CHAR	2	See Description for Procedure Modifier Code 2 - 1
2477-2478	Procedure Modifier Code 2 - 6	CHAR	2	See Description for Procedure Modifier Code 2 - 1
2745-2746	Procedure Modifier Code 2 - 7	CHAR	2	See Description for Procedure Modifier Code 2 - 1
1139-1148	Service Charge 1	NUM	10	The total amount/sum of revenue charges (accommodations charges and ancillary charges) of all submitted charges on each service line segment for this claim
1407-1416	Service Charge 2	NUM	10	See Description for Service Charge 1
1675-1684	Service Charge 3	NUM	10	See Description for Service Charge 1
1943-1952	Service Charge 4	NUM	10	See Description for Service Charge 1
2211-2220	Service Charge 5	NUM	10	See Description for Service Charge 1
2479-2488	Service Charge 6	NUM	10	See Description for Service Charge 1
2747-2756	Service Charge 7	NUM	10	See Description for Service Charge 1
1149-1150	Unit Type 1	CHAR	2	The measurement units in which a value is being expressed. DA=Days; UN=Units
1417-1418	Unit Type 2	CHAR	2	See Description for Unit Type 1
1685-1686	Unit Type 3	CHAR	2	See Description for Unit Type 1
1953-1954	Unit Type 4	CHAR	2	See Description for Unit Type 1
2221-2222	Unit Type 5	CHAR	2	See Description for Unit Type 1
2489-2490	Unit Type 6	CHAR	2	See Description for Unit Type 1
2757-2758	Unit Type 7	CHAR	2	See Description for Unit Type 1

Record Positions	Data Element	Type	Size	Description
1151-1158	Unit Quantity 1	NUM	8	The number of service units that occurred during the bill period for the patient
1419-1426	Unit Quantity 2	NUM	8	See Description for Unit Quantity 1
1687-1694	Unit Quantity 3	NUM	8	See Description for Unit Quantity 1
1955-1962	Unit Quantity 4	NUM	8	See Description for Unit Quantity 1
2223-2230	Unit Quantity 5	NUM	8	See Description for Unit Quantity 1
2491-2498	Unit Quantity 6	NUM	8	See Description for Unit Quantity 1
2759-2766	Unit Quantity 7	NUM	8	See Description for Unit Quantity 1
1159-1168	Non-Covered Charge 1	NUM	10	The non-covered charges for the payer as it pertains to the associated revenue code
1427-1436	Non-Covered Charge 2	NUM	10	See Description for Non-Covered Charge 1
1695-1704	Non-Covered Charge 3	NUM	10	See Description for Non-Covered Charge 1
1963-1972	Non-Covered Charge 4	NUM	10	See Description for Non-Covered Charge 1
2231-2240	Non-Covered Charge 5	NUM	10	See Description for Non-Covered Charge 1
2499-2508	Non-Covered Charge 6	NUM	10	See Description for Non-Covered Charge 1
2767-2776	Non-Covered Charge 7	NUM	10	See Description for Non-Covered Charge 1
1169-1176	Service Date 1	CHAR	8	The date the outpatient service was provided
1437-1444	Service Date 2	CHAR	8	See Description for Service Date 1
1705-1712	Service Date 3	CHAR	8	See Description for Service Date 1
1973-1980	Service Date 4	CHAR	8	See Description for Service Date 1
2241-2248	Service Date 5	CHAR	8	See Description for Service Date 1
2509-2516	Service Date 6	CHAR	8	See Description for Service Date 1
2777-2784	Service Date 7	CHAR	8	See Description for Service Date 1
1177	Pre-Visit Indicator 1	CHAR	1	Indicates if the procedure occurred before, on or after the Admission/Start of Care Date
1445	Pre-Visit Indicator 2	CHAR	1	See Description for Pre-Visit Indicator 1
1713	Pre-Visit Indicator 3	CHAR	1	See Description for Pre-Visit Indicator 1
1981	Pre-Visit Indicator 4	CHAR	1	See Description for Pre-Visit Indicator 1
2249	Pre-Visit Indicator 5	CHAR	1	See Description for Pre-Visit Indicator 1
2517	Pre-Visit Indicator 6	CHAR	1	See Description for Pre-Visit Indicator 1
2785	Pre-Visit Indicator 7	CHAR	1	See Description for Pre-Visit Indicator 1
1178-1180	Line Item Number 1	CHAR	3	Number between 1 and 999 that is assigned for differentiation or to reference a line number within a transaction set
1446-1448	Line Item Number 2	CHAR	3	See Description for Line Item Number 1
1714-1716	Line Item Number 3	CHAR	3	See Description for Line Item Number 1
1982-1984	Line Item Number 4	CHAR	3	See Description for Line Item Number 1
2250-2252	Line Item Number 5	CHAR	3	See Description for Line Item Number 1
2518-2520	Line Item Number 6	CHAR	3	See Description for Line Item Number 1
2786-2788	Line Item Number 7	CHAR	3	See Description for Line Item Number 1
1181-1183	Visit ID 1	CHAR	3	Identifies the visit in which the line items can be associated
1449-1451	Visit ID 2	CHAR	3	See Description for Visit ID 1
1717-1719	Visit ID 3	CHAR	3	See Description for Visit ID 1
1985-1987	Visit ID 4	CHAR	3	See Description for Visit ID 1
2253-2255	Visit ID 5	CHAR	3	See Description for Visit ID 1
2521-2523	Visit ID 6	CHAR	3	See Description for Visit ID 1
2789-2791	Visit ID 7	CHAR	3	See Description for Visit ID 1
1184-1186	Lines in Visit 1	CHAR	3	Identifies the number of lines in the APG return buffer with this visit ID
1452-1454	Lines in Visit 2	CHAR	3	See Description for Lines in Visit 1
1720-1722	Lines in Visit 3	CHAR	3	See Description for Lines in Visit 1
1988-1990	Lines in Visit 4	CHAR	3	See Description for Lines in Visit 1
2256-2258	Lines in Visit 5	CHAR	3	See Description for Lines in Visit 1
2524-2526	Lines in Visit 6	CHAR	3	See Description for Lines in Visit 1
2792-2794	Lines in Visit 7	CHAR	3	See Description for Lines in Visit 1

Record Positions	Data Element	Type	Size	Description										
1187-1194	Visit Date 1	CHAR	8	The earliest date on the claim using the single day visit option associated with the 3M software. Same as Service Date.										
1455-1462	Visit Date 2	CHAR	8	See Description for Visit Date 1										
1723-1730	Visit Date 3	CHAR	8	See Description for Visit Date 1										
1991-1998	Visit Date 4	CHAR	8	See Description for Visit Date 1										
2259-2266	Visit Date 5	CHAR	8	See Description for Visit Date 1										
2527-2534	Visit Date 6	CHAR	8	See Description for Visit Date 1										
2795-2802	Visit Date 7	CHAR	8	See Description for Visit Date 1										
1195	Visit Processed Flag 1	CHAR	1	Indicates if there were errors during processing										
1463	Visit Processed Flag 2	CHAR	1	See Description for Visit Processed Flag 1										
1731	Visit Processed Flag 3	CHAR	1	See Description for Visit Processed Flag 1										
1999	Visit Processed Flag 4	CHAR	1	See Description for Visit Processed Flag 1										
2267	Visit Processed Flag 5	CHAR	1	See Description for Visit Processed Flag 1										
2535	Visit Processed Flag 6	CHAR	1	See Description for Visit Processed Flag 1										
2803	Visit Processed Flag 7	CHAR	1	See Description for Visit Processed Flag 1										
1196-1205	Visit Processed Warnings/Messages 1	CHAR	10	The actual warning message as described by the software. Up to five values can be returned. <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>00</td> <td>Visit processed without warning</td> </tr> <tr> <td>01</td> <td>Visit processed with some lines unassigned</td> </tr> <tr> <td>02</td> <td>Visit processed with all lines unassigned</td> </tr> <tr> <td>03</td> <td>Visit processed with multiple per diems assigned</td> </tr> </tbody> </table>	Code	Description	00	Visit processed without warning	01	Visit processed with some lines unassigned	02	Visit processed with all lines unassigned	03	Visit processed with multiple per diems assigned
Code	Description													
00	Visit processed without warning													
01	Visit processed with some lines unassigned													
02	Visit processed with all lines unassigned													
03	Visit processed with multiple per diems assigned													
1464-1473	Visit Processed Warnings/Messages 2	CHAR	10	See Description for Visit Processed Warnings/Messages 1										
1732-1741	Visit Processed Warnings/Messages 3	CHAR	10	See Description for Visit Processed Warnings/Messages 1										
2000-2009	Visit Processed Warnings/Messages 4	CHAR	10	See Description for Visit Processed Warnings/Messages 1										
2268-2277	Visit Processed Warnings/Messages 5	CHAR	10	See Description for Visit Processed Warnings/Messages 1										
2536-2545	Visit Processed Warnings/Messages 6	CHAR	10	See Description for Visit Processed Warnings/Messages 1										
2804-2813	Visit Processed Warnings/Messages 7	CHAR	10	See Description for Visit Processed Warnings/Messages 1										
1206-1207	Overall Visit Type 1	CHAR	2	The overall visit type based on the service provided										
1474-1475	Overall Visit Type 2	CHAR	2	See Description for Overall Visit Type 1										
1742-1743	Overall Visit Type 3	CHAR	2	See Description for Overall Visit Type 1										
2010-2011	Overall Visit Type 4	CHAR	2	See Description for Overall Visit Type 1										
2278-2279	Overall Visit Type 5	CHAR	2	See Description for Overall Visit Type 1										
2546-2547	Overall Visit Type 6	CHAR	2	See Description for Overall Visit Type 1										
2814-2815	Overall Visit Type 7	CHAR	2	See Description for Overall Visit Type 1										
1208-1214	Medical Visit Diagnosis 1	CHAR	7	The description is maintained within the software package										
1476-1482	Medical Visit Diagnosis 2	CHAR	7	The description is maintained within the software package										
1744-1750	Medical Visit Diagnosis 3	CHAR	7	The description is maintained within the software package										
2169-2175	Medical Visit Diagnosis 4	CHAR	7	The description is maintained within the software package										
2280-2286	Medical Visit Diagnosis 5	CHAR	7	The description is maintained within the software package										
2548-2554	Medical Visit Diagnosis 6	CHAR	7	The description is maintained within the software package										
2816-2822	Medical Visit Diagnosis 7	CHAR	7	The description is maintained within the software package										
1215-1219	Final APG Assignment 1	CHAR	5	Final APG code assignment										
1483-1487	Final APG Assignment 2	CHAR	5	See Description for Final APG Assignment 1										
1751-1755	Final APG Assignment 3	CHAR	5	See Description for Final APG Assignment 1										
2019-2023	Final APG Assignment 4	CHAR	5	See Description for Final APG Assignment 1										
2287-2291	Final APG Assignment 5	CHAR	5	See Description for Final APG Assignment 1										
2555-2559	Final APG Assignment 6	CHAR	5	See Description for Final APG Assignment 1										
2823-2827	Final APG Assignment 7	CHAR	5	See Description for Final APG Assignment 1										
1220-1221	Final APG Type 1	CHAR	2	Ambulatory Patient Group (APG). Classification of the procedures which may be performed on an ambulatory basis.										
1488-1489	Final APG Type 2	CHAR	2	See Description for Final APG Type 1										
1756-1757	Final APG Type 3	CHAR	2	See Description for Final APG Type 1										

Record Positions	Data Element	Type	Size	Description										
2024-2025	Final APG Type 4	CHAR	2	See Description for Final APG Type 1										
2292-2293	Final APG Type 5	CHAR	2	See Description for Final APG Type 1										
2560-2561	Final APG Type 6	CHAR	2	See Description for Final APG Type 1										
2828-2829	Final APG Type 7	CHAR	2	See Description for Final APG Type 1										
1222-1223	Final APG Category 1	CHAR	2	Final APG Category number and description										
1490-1491	Final APG Category 2	CHAR	2	See Description for Final APG Category 1										
1758-1759	Final APG Category 3	CHAR	2	See Description for Final APG Category 1										
2026-2027	Final APG Category 4	CHAR	2	See Description for Final APG Category 1										
2294-2295	Final APG Category 5	CHAR	2	See Description for Final APG Category 1										
2562-2563	Final APG Category 6	CHAR	2	See Description for Final APG Category 1										
2830-2831	Final APG Category 7	CHAR	2	See Description for Final APG Category 1										
1224	Multiple Significant Procedure (SP) Discounting Flag 1	CHAR	1	Identifies duplicate costs accrued when multiple significant procedures, ancillary lab services and/or ancillary non-lab services are performed during the same visit. Multiple SPs on the same day are flagged for same day multiple procedure discounting										
1492	Multiple Significant Procedure (SP) Discounting Flag 2	CHAR	1	See Description for Multiple Significant Procedure (SP) Discounting Flag 1										
1760	Multiple Significant Procedure (SP) Discounting Flag 3	CHAR	1	See Description for Multiple Significant Procedure (SP) Discounting Flag 1										
2028	Multiple Significant Procedure (SP) Discounting Flag 4	CHAR	1	See Description for Multiple Significant Procedure (SP) Discounting Flag 1										
2296	Multiple Significant Procedure (SP) Discounting Flag 5	CHAR	1	See Description for Multiple Significant Procedure (SP) Discounting Flag 1										
2564	Multiple Significant Procedure (SP) Discounting Flag 6	CHAR	1	See Description for Multiple Significant Procedure (SP) Discounting Flag 1										
2832	Multiple Significant Procedure (SP) Discounting Flag 7	CHAR	1	See Description for Multiple Significant Procedure (SP) Discounting Flag 1										
1225	Repeat Ancillary Discounting Flag 1	CHAR	1	Identifies duplicate costs accrued when multiple significant procedures, ancillary lab services and/or ancillary non-lab services are performed during the same visit. Multiple ancillary charges on the same day are flagged with the repeat ancillary discounting flag. 0=None 1=Repeat Ancillary Discounting applies										
1493	Repeat Ancillary Discounting Flag 2	CHAR	1	See Description for Repeat Ancillary Discounting Flag 1										
1761	Repeat Ancillary Discounting Flag 3	CHAR	1	See Description for Repeat Ancillary Discounting Flag 1										
2029	Repeat Ancillary Discounting Flag 4	CHAR	1	See Description for Repeat Ancillary Discounting Flag 1										
2297	Repeat Ancillary Discounting Flag 5	CHAR	1	See Description for Repeat Ancillary Discounting Flag 1										
2565	Repeat Ancillary Discounting Flag 6	CHAR	1	See Description for Repeat Ancillary Discounting Flag 1										
2833	Repeat Ancillary Discounting Flag 7	CHAR	1	See Description for Repeat Ancillary Discounting Flag 1										
1226	Bilateral Discounting Flag 1	CHAR	1	Indicates that an identical service is performed on the opposite side of the body at the same session or visit. <table border="1"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>None</td> </tr> <tr> <td>1</td> <td>Bilateral discounting applies</td> </tr> <tr> <td>2</td> <td>Surgical bilateral discount applies</td> </tr> <tr> <td>3</td> <td>Non-surgical bilateral discounting applies</td> </tr> </tbody> </table>	Code	Description	0	None	1	Bilateral discounting applies	2	Surgical bilateral discount applies	3	Non-surgical bilateral discounting applies
Code	Description													
0	None													
1	Bilateral discounting applies													
2	Surgical bilateral discount applies													
3	Non-surgical bilateral discounting applies													
1494	Bilateral Discounting Flag 2	CHAR	1	See Description for Bilateral Discounting Flag 1										
1762	Bilateral Discounting Flag 1	CHAR	1	See Description for Bilateral Discounting Flag 1										
2030	Bilateral Discounting Flag 4	CHAR	1	See Description for Bilateral Discounting Flag 1										
2298	Bilateral Discounting Flag 5	CHAR	1	See Description for Bilateral Discounting Flag 1										
2566	Bilateral Discounting Flag 6	CHAR	1	See Description for Bilateral Discounting Flag 1										
2834	Bilateral Discounting Flag 7	CHAR	1	See Description for Bilateral Discounting Flag 1										

Record Positions	Data Element	Type	Size	Description
1227	Terminated Procedure Discounting Flag 1	CHAR	1	Identifies a procedure that is terminated due to medical complications which would increase the risk to the patient
1495	Terminated Procedure Discounting Flag 2	CHAR	1	See Description for Terminated Procedure Discounting Flag 1
1763	Terminated Procedure Discounting Flag 3	CHAR	1	See Description for Terminated Procedure Discounting Flag 1
2031	Terminated Procedure Discounting Flag 4	CHAR	1	See Description for Terminated Procedure Discounting Flag 1
2299	Terminated Procedure Discounting Flag 5	CHAR	1	See Description for Terminated Procedure Discounting Flag 1
2567	Terminated Procedure Discounting Flag 6	CHAR	1	See Description for Terminated Procedure Discounting Flag 1
2835	Terminated Procedure Discounting Flag 7	CHAR	1	See Description for Terminated Procedure Discounting Flag 1
1228-1229	Line Item Unassigned Flag 1	CHAR	2	A single unassigned APG (999) is given to line items with a corresponding Line Item Unassigned Flag.
1496-1497	Line Item Unassigned Flag 2	CHAR	2	See Description for Line Item Unassigned Flag 1
1764-1765	Line Item Unassigned Flag 3	CHAR	2	See Description for Line Item Unassigned Flag 1
2032-2033	Line Item Unassigned Flag 4	CHAR	2	See Description for Line Item Unassigned Flag 1
2300-2301	Line Item Unassigned Flag 5	CHAR	2	See Description for Line Item Unassigned Flag 1
2568-2569	Line Item Unassigned Flag 6	CHAR	2	See Description for Line Item Unassigned Flag 1
2836-2837	Line Item Unassigned Flag 7	CHAR	2	See Description for Line Item Unassigned Flag 1
1230	Packaged Per Diem Flag 1	CHAR	1	Line item packaged as part of a partial hospitalization per diem or daily mental health service per diem. 0=Not Packaged into Per Diem
1498	Packaged Per Diem Flag 2	CHAR	1	See Description for Packaged Per Diem Flag 1
1766	Packaged Per Diem Flag 3	CHAR	1	See Description for Packaged Per Diem Flag 1
2034	Packaged Per Diem Flag 4	CHAR	1	See Description for Packaged Per Diem Flag 1
2302	Packaged Per Diem Flag 5	CHAR	1	See Description for Packaged Per Diem Flag 1
2570	Packaged Per Diem Flag 6	CHAR	1	See Description for Packaged Per Diem Flag 1
2838	Packaged Per Diem Flag 7	CHAR	1	See Description for Packaged Per Diem Flag 1
1231	Packaging Flag 1	CHAR	1	Line items that are bundled together, such as anesthesia, supplies, certain drugs and the use of recovery and observation rooms. 0=Not Packaged into Per Diem APG 1=Packaged into Per Diem APG
1499	Packaging Flag 2	CHAR	1	See Description for Packaging Flag 1
1767	Packaging Flag 3	CHAR	1	See Description for Packaging Flag 1
2035	Packaging Flag 4	CHAR	1	See Description for Packaging Flag 1
2303	Packaging Flag 5	CHAR	1	See Description for Packaging Flag 1
2571	Packaging Flag 6	CHAR	1	See Description for Packaging Flag 1
2839	Packaging Flag 7	CHAR	1	See Description for Packaging Flag 1
1232	Same Significant Procedure (SSP) Consolidation Flag 1	CHAR	1	Indicates procedures are consolidated into one for reimbursement, and applies to multiple instances of the same significant procedures that are performed at the same visit. 0=None 1=Same SP Consolidation applies
1500	Same Significant Procedure (SSP) Consolidation Flag 2	CHAR	1	See Description for Same Significant Procedure (SSP) Consolidation Flag 1
1768	Same Significant Procedure (SSP) Consolidation Flag 3	CHAR	1	See Description for Same Significant Procedure (SSP) Consolidation Flag 1
2036	Same Significant Procedure (SSP) Consolidation Flag 4	CHAR	1	See Description for Same Significant Procedure (SSP) Consolidation Flag 1
2304	Same Significant Procedure (SSP) Consolidation Flag 5	CHAR	1	See Description for Same Significant Procedure (SSP) Consolidation Flag 1
2572	Same Significant Procedure (SSP) Consolidation Flag 6	CHAR	1	See Description for Same Significant Procedure (SSP) Consolidation Flag 1
2840	Same Significant Procedure (SSP) Consolidation Flag 7	CHAR	1	See Description for Same Significant Procedure (SSP) Consolidation Flag 1

Record Positions	Data Element	Type	Size	Description
1233	Clinical Significant Procedure (CSP) Consolidation Flag 1	CHAR	1	Indicates that multiple instances of the same clinical significant procedures are consolidated into one for reimbursement
1501	Clinical Significant Procedure (CSP) Consolidation Flag 2	CHAR	1	See Description for Clinical Significant Procedure (CSP) Consolidation Flag 1
1769	Clinical Significant Procedure (CSP) Consolidation Flag 3	CHAR	1	See Description for Clinical Significant Procedure (CSP) Consolidation Flag 1
2037	Clinical Significant Procedure (CSP) Consolidation Flag 4	CHAR	1	See Description for Clinical Significant Procedure (CSP) Consolidation Flag 1
2305	Clinical Significant Procedure (CSP) Consolidation Flag 5	CHAR	1	See Description for Clinical Significant Procedure (CSP) Consolidation Flag 1
2573	Clinical Significant Procedure (CSP) Consolidation Flag 6	CHAR	1	See Description for Clinical Significant Procedure (CSP) Consolidation Flag 1
2841	Clinical Significant Procedure (CSP) Consolidation Flag 7	CHAR	1	See Description for Clinical Significant Procedure (CSP) Consolidation Flag 1
1234-1235	Line Item Acuity Flag 1	CHAR	2	Passed from input by the system
1502-1503	Line Item Acuity Flag 2	CHAR	2	Passed from input by the system
1770-1771	Line Item Acuity Flag 3	CHAR	2	Passed from input by the system
2038-2039	Line Item Acuity Flag 4	CHAR	2	Passed from input by the system
2306-2307	Line Item Acuity Flag 5	CHAR	2	Passed from input by the system
2574-2575	Line Item Acuity Flag 6	CHAR	2	Passed from input by the system
2843-2843	Line Item Acuity Flag 7	CHAR	2	Passed from input by the system
1236-1238	Service Item ID Number 1	CHAR	3	The description is maintained within the software package
1504-1506	Service Item ID Number 2	CHAR	3	The description is maintained within the software package
1772-1774	Service Item ID Number 3	CHAR	3	The description is maintained within the software package
2040-2042	Service Item ID Number 4	CHAR	3	The description is maintained within the software package
2308-2310	Service Item ID Number 5	CHAR	3	The description is maintained within the software package
2576-2578	Service Item ID Number 6	CHAR	3	The description is maintained within the software package
2844-2846	Service Item ID Number 7	CHAR	3	The description is maintained within the software package
1239-1246	Line Item APG Payment 1	NUM	8	The APG paid amount (Amt_APG_Full_E2246) multiplied by a percentage based on the APG Blend Type Code (APG_Blnd_Type_Cd_E2248)
1507-1514	Line Item APG Payment 2	NUM	8	See Description for Line Item APG Payment 1
1775-1782	Line Item APG Payment 3	NUM	8	See Description for Line Item APG Payment 1
2043-2050	Line Item APG Payment 4	NUM	8	See Description for Line Item APG Payment 1
2311-2318	Line Item APG Payment 5	NUM	8	See Description for Line Item APG Payment 1
2579-2586	Line Item APG Payment 6	NUM	8	See Description for Line Item APG Payment 1
2847-2854	Line Item APG Payment 7	NUM	8	See Description for Line Item APG Payment 1
1247-1254	Line Item Existing Payment 1	NUM	8	The calculated dollar amount to be paid to the provider based on a blended rate determined by State Rate Setting Agencies
1515-1522	Line Item Existing Payment 2	NUM	8	See Description for Line Item Existing Payment 1
1783-1790	Line Item Existing Payment 3	NUM	8	See Description for Line Item Existing Payment 1
2051-2058	Line Item Existing Payment 4	NUM	8	See Description for Line Item Existing Payment 1
2319-2326	Line Item Existing Payment 5	NUM	8	See Description for Line Item Existing Payment 1
2587-2594	Line Item Existing Payment 6	NUM	8	See Description for Line Item Existing Payment 1
2855-2862	Line Item Existing Payment 7	NUM	8	See Description for Line Item Existing Payment 1
1255-1262	Line Item Blended Payment 1	NUM	8	Identifies the percentage of the blended rate amount used in calculating the final APG payment amount.
1523-1530	Line Item Blended Payment 2	NUM	8	See Description for Line Item Blended Payment 1
1791-1798	Line Item Blended Payment 3	NUM	8	See Description for Line Item Blended Payment 1
2059-2066	Line Item Blended Payment 4	NUM	8	See Description for Line Item Blended Payment 1
2327-2334	Line Item Blended Payment 5	NUM	8	See Description for Line Item Blended Payment 1
2595-2602	Line Item Blended Payment 6	NUM	8	See Description for Line Item Blended Payment 1
2863-2870	Line Item Blended Payment 7	NUM	8	See Description for Line Item Blended Payment 1

Record Positions	Data Element	Type	Size	Description
1263-1270	Line Item Add-on Payment 1	NUM	8	The description is maintained within the software package
1531-1538	Line Item Add-on Payment 2	NUM	8	The description is maintained within the software package
1799-1806	Line Item Add-on Payment 3	NUM	8	The description is maintained within the software package
2067-2074	Line Item Add-on Payment 4	NUM	8	The description is maintained within the software package
2335-2342	Line Item Add-on Payment 5	NUM	8	The description is maintained within the software package
2603-2610	Line Item Add-on Payment 6	NUM	8	The description is maintained within the software package
2871-2878	Line Item Add-on Payment 7	NUM	8	The description is maintained within the software package
1271-1278	Line Item Total Payment 1	NUM	8	Line item payment, including possible cost outlier payment
1539-1546	Line Item Total Payment 2	NUM	8	See Description for Line Item Total Payment 1
1807-1814	Line Item Total Payment 3	NUM	8	See Description for Line Item Total Payment 1
2075-2082	Line Item Total Payment 4	NUM	8	See Description for Line Item Total Payment 1
2343-2350	Line Item Total Payment 5	NUM	8	See Description for Line Item Total Payment 1
2611-2618	Line Item Total Payment 6	NUM	8	See Description for Line Item Total Payment 1
2879-2886	Line Item Total Payment 7	NUM	8	See Description for Line Item Total Payment 1
1279-1283	Line Item Blend Percent 1	NUM	5	The percentage, usually in 25 percent increments, used to calculate the blended amount for calculating payment
1547-1551	Line Item Blend Percent 2	NUM	5	See Description for Line Item Blend Percent 1
1815-1819	Line Item Blend Percent 3	NUM	5	See Description for Line Item Blend Percent 1
2083-2087	Line Item Blend Percent 4	NUM	5	See Description for Line Item Blend Percent 1
2351-2355	Line Item Blend Percent 5	NUM	5	See Description for Line Item Blend Percent 1
2619-2623	Line Item Blend Percent 6	NUM	5	See Description for Line Item Blend Percent 1
2887-2891	Line Item Blend Percent 7	NUM	5	See Description for Line Item Blend Percent 1
1284-1292	Line Item Adjusted APG Weight 1	NUM	9	The APG weight after the discounting and consolidation for the line item
1552-1560	Line Item Adjusted APG Weight 2	NUM	9	See Description for Line Item Adjusted APG Weight 1
1820-1828	Line Item Adjusted APG Weight 3	NUM	9	See Description for Line Item Adjusted APG Weight 1
2088-2096	Line Item Adjusted APG Weight 4	NUM	9	See Description for Line Item Adjusted APG Weight 1
2356-2364	Line Item Adjusted APG Weight 5	NUM	9	See Description for Line Item Adjusted APG Weight 1
2624-2632	Line Item Adjusted APG Weight 6	NUM	9	See Description for Line Item Adjusted APG Weight 1
2892-2900	Line Item Adjusted APG Weight 7	NUM	9	See Description for Line Item Adjusted APG Weight 1
1293-1301	Line Item Full APG Weight 1	NUM	9	The description is maintained within the software package
1561-1569	Line Item Full APG Weight 2	NUM	9	The description is maintained within the software package
1829-1837	Line Item Full APG Weight 3	NUM	9	The description is maintained within the software package
2097-2105	Line Item Full APG Weight 4	NUM	9	The description is maintained within the software package
2365-2373	Line Item Full APG Weight 5	NUM	9	The description is maintained within the software package
2633-2641	Line Item Full APG Weight 6	NUM	9	The description is maintained within the software package
2901-2909	Line Item Full APG Weight 7	NUM	9	The description is maintained within the software package
1302-1307	Line Item Payment Percent 1	NUM	6	The APG percentage after discounting and consolidation
1570-1575	Line Item Payment Percent 2	NUM	6	See Description for Line Item Payment Percent 1
1838-1843	Line Item Payment Percent 3	NUM	6	See Description for Line Item Payment Percent 1
2106-2111	Line Item Payment Percent 4	NUM	6	See Description for Line Item Payment Percent 1
2374-2379	Line Item Payment Percent 5	NUM	6	See Description for Line Item Payment Percent 1
2642-2647	Line Item Payment Percent 6	NUM	6	See Description for Line Item Payment Percent 1
2910-2915	Line Item Payment Percent 7	NUM	6	See Description for Line Item Payment Percent 1
1308-1309	Line Item Payment Action 1	CHAR	2	Identifies if the line was paid fully, consolidated, discounted, or packaged, based upon the remainder of the claim
1576-1577	Line Item Payment Action 2	CHAR	2	See Description for Line Item Payment Action 1
1844-1845	Line Item Payment Action 3	CHAR	2	See Description for Line Item Payment Action 1
2112-2113	Line Item Payment Action 4	CHAR	2	See Description for Line Item Payment Action 1
2380-2381	Line Item Payment Action 5	CHAR	2	See Description for Line Item Payment Action 1
2648-2649	Line Item Payment Action 6	CHAR	2	See Description for Line Item Payment Action 1
2916-2917	Line Item Payment Action 7	CHAR	2	See Description for Line Item Payment Action 1

Record Positions	Data Element	Type	Size	Description
1310-1316	Line Item Paid Units 1	CHAR	7	Identifies the number of units paid
1578-1584	Line Item Paid Units 2	CHAR	7	See Description for Line Item Paid Units 1
1846-1852	Line Item Paid Units 3	CHAR	7	See Description for Line Item Paid Units 1
2114-2120	Line Item Paid Units 4	CHAR	7	See Description for Line Item Paid Units 1
2382-2388	Line Item Paid Units 5	CHAR	7	See Description for Line Item Paid Units 1
2650-2656	Line Item Paid Units 6	CHAR	7	See Description for Line Item Paid Units 1
2918-2924	Line Item Paid Units 7	CHAR	7	See Description for Line Item Paid Units 1
1317-1318	Line Item Payment Adjustment Flag 1	CHAR	2	The description is maintained within the software package
1585-1586	Line Item Payment Adjustment Flag 2	CHAR	2	The description is maintained within the software package
1853-1854	Line Item Payment Adjustment Flag 3	CHAR	2	The description is maintained within the software package
2121-2122	Line Item Payment Adjustment Flag 4	CHAR	2	The description is maintained within the software package
2389-2390	Line Item Payment Adjustment Flag 5	CHAR	2	The description is maintained within the software package
2657-2658	Line Item Payment Adjustment Flag 6	CHAR	2	The description is maintained within the software package
2925-2926	Line Item Payment Adjustment Flag 7	CHAR	2	The description is maintained within the software package
1319-1326	Visit APG Payment 1	NUM	8	This is the calculated dollar value that will be paid to a provider
1587-1594	Visit APG Payment 2	NUM	8	See Description for Visit APG Payment 1
1855-1862	Visit APG Payment 3	NUM	8	See Description for Visit APG Payment 1
2123-2130	Visit APG Payment 4	NUM	8	See Description for Visit APG Payment 1
2391-2398	Visit APG Payment 5	NUM	8	See Description for Visit APG Payment 1
2659-2666	Visit APG Payment 6	NUM	8	See Description for Visit APG Payment 1
2927-2934	Visit APG Payment 7	NUM	8	See Description for Visit APG Payment 1
1327-1334	Visit Transition APG Payment 1	NUM	8	The amount paid based on the calculated values of both the existing payment and the blended payment combined to create the total APG payment specified phase
1595-1602	Visit Transition APG Payment 2	NUM	8	See Description for Visit Transition APG Payment 1
1863-1870	Visit Transition APG Payment 3	NUM	8	See Description for Visit Transition APG Payment 1
2131-2138	Visit Transition APG Payment 4	NUM	8	See Description for Visit Transition APG Payment 1
2399-2406	Visit Transition APG Payment 5	NUM	8	See Description for Visit Transition APG Payment 1
2667-2674	Visit Transition APG Payment 6	NUM	8	See Description for Visit Transition APG Payment 1
2935-2942	Visit Transition APG Payment 7	NUM	8	See Description for Visit Transition APG Payment 1
1335-1342	Visit Existing Payment 1	NUM	8	Used for blending purposes and based on a provider's average per visit reimbursement for services moving to APGs for calendar year 2007
1603-1610	Visit Existing Payment 2	NUM	8	See Description for Visit Existing Payment 1
1871-1878	Visit Existing Payment 3	NUM	8	See Description for Visit Existing Payment 1
2139-2146	Visit Existing Payment 4	NUM	8	See Description for Visit Existing Payment 1
2407-2414	Visit Existing Payment 5	NUM	8	See Description for Visit Existing Payment 1
2675-2682	Visit Existing Payment 6	NUM	8	See Description for Visit Existing Payment 1
2943-2950	Visit Existing Payment 7	NUM	8	See Description for Visit Existing Payment 1
1343-1350	Visit Blended Payment 1	NUM	8	The amount that the APG methodology calculates for the visit based on the coded procedures and diagnoses
1611-1618	Visit Blended Payment 2	NUM	8	See Description for Visit Blended Payment 1
1879-1886	Visit Blended Payment 3	NUM	8	See Description for Visit Blended Payment 1
2147-2154	Visit Blended Payment 4	NUM	8	See Description for Visit Blended Payment 1
2415-2422	Visit Blended Payment 5	NUM	8	See Description for Visit Blended Payment 1
2683-2690	Visit Blended Payment 6	NUM	8	See Description for Visit Blended Payment 1
2951-2958	Visit Blended Payment 7	NUM	8	See Description for Visit Blended Payment 1
1351-1358	Visit Add-on Payment 1	NUM	8	This is the fixed add-on payment for the visit
1619-1626	Visit Add-on Payment 2	NUM	8	See Description for Visit Add-on Payment 1
1887-1894	Visit Add-on Payment 3	NUM	8	See Description for Visit Add-on Payment 1
2155-2162	Visit Add-on Payment 4	NUM	8	See Description for Visit Add-on Payment 1
2423-2430	Visit Add-on Payment 5	NUM	8	See Description for Visit Add-on Payment 1

Record Positions	Data Element	Type	Size	Description
2691-2698	Visit Add-on Payment 6	NUM	8	See Description for Visit Add-on Payment 1
2959-2966	Visit Add-on Payment 7	NUM	8	See Description for Visit Add-on Payment 1
1359-1366	Visit Payment 1	NUM	8	The payment for the visit not including outlier payment and revenue code add-on
1627-1634	Visit Payment 2	NUM	8	See Description for Visit Payment 1
1895-1902	Visit Payment 3	NUM	8	See Description for Visit Payment 1
2163-2170	Visit Payment 4	NUM	8	See Description for Visit Payment 1
2431-2438	Visit Payment 5	NUM	8	See Description for Visit Payment 1
2699-2706	Visit Payment 6	NUM	8	See Description for Visit Payment 1
2967-2974	Visit Payment 7	NUM	8	See Description for Visit Payment 1
1367-1374	Visit Non-Transition Payment 1	NUM	8	The amount paid based solely on the fully blended payment (100%) to create the total APG payment during the specified phase
1635-1642	Visit Non-Transition Payment 2	NUM	8	See Description for Visit Non-Transition Payment 1
1903-1910	Visit Non-Transition Payment 3	NUM	8	See Description for Visit Non-Transition Payment 1
2171-2178	Visit Non-Transition Payment 4	NUM	8	See Description for Visit Non-Transition Payment 1
2439-2446	Visit Non-Transition Payment 5	NUM	8	See Description for Visit Non-Transition Payment 1
2707-2714	Visit Non-Transition Payment 6	NUM	8	See Description for Visit Non-Transition Payment 1
2975-2982	Visit Non-Transition Payment 7	NUM	8	See Description for Visit Non-Transition Payment 1
1375-1383	Visit Adjusted APG Weight 1	NUM	9	This is the sum of the adjusted APG weights for the visit
1643-1651	Visit Adjusted APG Weight 2	NUM	9	See Description for Visit Adjusted APG Weight 1
1911-1919	Visit Adjusted APG Weight 3	NUM	9	See Description for Visit Adjusted APG Weight 1
2179-2187	Visit Adjusted APG Weight 4	NUM	9	See Description for Visit Adjusted APG Weight 1
2447-2455	Visit Adjusted APG Weight 5	NUM	9	See Description for Visit Adjusted APG Weight 1
2715-2723	Visit Adjusted APG Weight 6	NUM	9	See Description for Visit Adjusted APG Weight 1
2983-2991	Visit Adjusted APG Weight 7	NUM	9	See Description for Visit Adjusted APG Weight 1
1384-1392	Visit Full APG Weight 1	NUM	9	This is the sum of the APG weights for the visit
1652-1660	Visit Full APG Weight 2	NUM	9	See Description for Visit Full APG Weight 1
1920-1928	Visit Full APG Weight 3	NUM	9	See Description for Visit Full APG Weight 1
2188-2196	Visit Full APG Weight 4	NUM	9	See Description for Visit Full APG Weight 1
2456-2464	Visit Full APG Weight 5	NUM	9	See Description for Visit Full APG Weight 1
2724-2732	Visit Full APG Weight 6	NUM	9	See Description for Visit Full APG Weight 1
2992-3000	Visit Full APG Weight 7	NUM	9	See Description for Visit Full APG Weight 1

CONTINUATION RECORDS

COMMON DETAIL - Secondary Records

Record Positions	Data Element	Type	Size	Description
1 - 14	Discharge Sequential Number	NUM	14	Discharge Year, plus eight digit number sequentially assigned by SPARCS
15	Continuation Indicator	NUM	1	Indicates if continuation records exist and what type of info caused the overflow
16 - 18	Record Sequence Number	NUM	3	Assigned by SPARCS, Indicates the record's position within discharge
19 - 21	Record Sequence Count	NUM	3	Number of records reported for the visit
22 - 52	Filler		31	No data

CONTINUATION RECORDS - Secondary Records

Record Positions	Data Element	Type	Size	Description
53 - 56	NUBC Revenue Code 8	CHAR	4	Identifies specific accommodations, ancillary service or unique billing calculations or arrangements. (Revenue Code)
321 - 324	NUBC Revenue Code 9	CHAR	4	See Description for NUBC Revenue Code 8
589 - 592	NUBC Revenue Code 10	CHAR	4	See Description for NUBC Revenue Code 8

Record Positions	Data Element	Type	Size	Description
857 - 860	NUBC Revenue Code 11	CHAR	4	See Description for NUBC Revenue Code 8
1125 - 1128	NUBC Revenue Code 12	CHAR	4	See Description for NUBC Revenue Code 8
1393 - 1396	NUBC Revenue Code 13	CHAR	4	See Description for NUBC Revenue Code 8
1661 - 1664	NUBC Revenue Code 14	CHAR	4	See Description for NUBC Revenue Code 8
1929 - 1932	NUBC Revenue Code 15	CHAR	4	See Description for NUBC Revenue Code 8
2197 - 2200	NUBC Revenue Code 16	CHAR	4	See Description for NUBC Revenue Code 8
2465 - 2468	NUBC Revenue Code 17	CHAR	4	See Description for NUBC Revenue Code 8
2733 - 2736	NUBC Revenue Code 18	CHAR	4	See Description for NUBC Revenue Code 8
57	Revenue Type 8	CHAR	1	Identifies the type of revenue code utilized, and is grouped into two categories: accommodation codes and ancillary codes
325	Revenue Type 9	CHAR	1	See Description for Revenue Type 8
593	Revenue Type 10	CHAR	1	See Description for Revenue Type 8
861	Revenue Type 11	CHAR	1	See Description for Revenue Type 8
1129	Revenue Type 12	CHAR	1	See Description for Revenue Type 8
1397	Revenue Type 13	CHAR	1	See Description for Revenue Type 8
1665	Revenue Type 14	CHAR	1	See Description for Revenue Type 8
1933	Revenue Type 15	CHAR	1	See Description for Revenue Type 8
2201	Revenue Type 16	CHAR	1	See Description for Revenue Type 8
2469	Revenue Type 17	CHAR	1	See Description for Revenue Type 8
2737	Revenue Type 18	CHAR	1	See Description for Revenue Type 8
58 - 62	HCPCS/CPT Procedure Code 8	CHAR	5	Healthcare Common Procedure Coding System (HCPCS) code and modifiers for outpatient procedure performed and associated with each line of service
326 - 330	HCPCS/CPT Procedure Code 9	CHAR	5	See Description for HCPCS/CPT Procedure Code 8
594 - 598	HCPCS/CPT Procedure Code 10	CHAR	5	See Description for HCPCS/CPT Procedure Code 8
862 - 866	HCPCS/CPT Procedure Code 11	CHAR	5	See Description for HCPCS/CPT Procedure Code 8
1130 - 1134	HCPCS/CPT Procedure Code 12	CHAR	5	See Description for HCPCS/CPT Procedure Code 8
1398 - 1402	HCPCS/CPT Procedure Code 13	CHAR	5	See Description for HCPCS/CPT Procedure Code 8
1666 - 1670	HCPCS/CPT Procedure Code 14	CHAR	5	See Description for HCPCS/CPT Procedure Code 8
1934 - 1938	HCPCS/CPT Procedure Code 15	CHAR	5	See Description for HCPCS/CPT Procedure Code 8
2202 - 2206	HCPCS/CPT Procedure Code 16	CHAR	5	See Description for HCPCS/CPT Procedure Code 8
2470 - 2474	HCPCS/CPT Procedure Code 17	CHAR	5	See Description for HCPCS/CPT Procedure Code 8
2738 - 2742	HCPCS/CPT Procedure Code 18	CHAR	5	See Description for HCPCS/CPT Procedure Code 8
63 - 64	Procedure Modifier Code #1-8	CHAR	2	Clarifies or improves the reporting accuracy of the associated procedure code
331 - 332	Procedure Modifier Code #1-9	CHAR	2	See Description for Procedure Modifier Code #1-8
599 - 600	Procedure Modifier Code #1-10	CHAR	2	See Description for Procedure Modifier Code #1-8
867 - 868	Procedure Modifier Code #1-11	CHAR	2	See Description for Procedure Modifier Code #1-8
1135 - 1136	Procedure Modifier Code #1-12	CHAR	2	See Description for Procedure Modifier Code #1-8
1403 - 1404	Procedure Modifier Code #1-13	CHAR	2	See Description for Procedure Modifier Code #1-8
1671 - 1672	Procedure Modifier Code #1-14	CHAR	2	See Description for Procedure Modifier Code #1-8
1939 - 1940	Procedure Modifier Code #1-15	CHAR	2	See Description for Procedure Modifier Code #1-8
2207 - 2208	Procedure Modifier Code #1-16	CHAR	2	See Description for Procedure Modifier Code #1-8
2475 - 2476	Procedure Modifier Code #1-17	CHAR	2	See Description for Procedure Modifier Code #1-8
2743 - 2744	Procedure Modifier Code #1-18	CHAR	2	See Description for Procedure Modifier Code #1-8
65 - 66	Procedure Modifier Code #2-8	CHAR	2	Clarifies or improves the reporting accuracy of the associated procedure code
333 - 334	Procedure Modifier Code #2-9	CHAR	2	See Description for Procedure Modifier Code #2-8
601 - 602	Procedure Modifier Code #2-10	CHAR	2	See Description for Procedure Modifier Code #2-8
869 - 870	Procedure Modifier Code #2-11	CHAR	2	See Description for Procedure Modifier Code #2-8
1137 - 1138	Procedure Modifier Code #2-12	CHAR	2	See Description for Procedure Modifier Code #2-8
1405 - 1406	Procedure Modifier Code #2-13	CHAR	2	See Description for Procedure Modifier Code #2-8
1673 - 1674	Procedure Modifier Code #2-14	CHAR	2	See Description for Procedure Modifier Code #2-8
1941 - 1942	Procedure Modifier Code #2-15	CHAR	2	See Description for Procedure Modifier Code #2-8

Record Positions	Data Element	Type	Size	Description
2209 - 2210	Procedure Modifier Code #2-16	CHAR	2	See Description for Procedure Modifier Code #2-8
2477 - 2478	Procedure Modifier Code #2-17	CHAR	2	See Description for Procedure Modifier Code #2-8
2745 - 2746	Procedure Modifier Code #2-18	CHAR	2	See Description for Procedure Modifier Code #2-8
67 - 76	Service Charge 8	NUM	10	The total amount/sum of revenue charges (accommodations charges and ancillary charges) of all submitted charges on each service line segment for this claim
335 - 344	Service Charge 9	NUM	10	See Description for Service Charge 8
603 - 612	Service Charge 10	NUM	10	See Description for Service Charge 8
871 - 880	Service Charge 11	NUM	10	See Description for Service Charge 8
1139 - 1148	Service Charge 12	NUM	10	See Description for Service Charge 8
1407 - 1416	Service Charge 13	NUM	10	See Description for Service Charge 8
1675 - 1684	Service Charge 14	NUM	10	See Description for Service Charge 8
1943 - 1952	Service Charge 15	NUM	10	See Description for Service Charge 8
2211 - 2220	Service Charge 16	NUM	10	See Description for Service Charge 8
2479 - 2488	Service Charge 17	NUM	10	See Description for Service Charge 8
2747 - 2756	Service Charge 18	NUM	10	See Description for Service Charge 8
77 - 78	Unit Type 8	CHAR	2	The measurement units in which a value is being expressed DA=Days UN=Units
345 - 346	Unit Type 9	CHAR	2	See Description for Unit Type 8
613 - 614	Unit Type 10	CHAR	2	See Description for Unit Type 8
881 - 882	Unit Type 11	CHAR	2	See Description for Unit Type 8
1149 - 1150	Unit Type 12	CHAR	2	See Description for Unit Type 8
1417 - 1418	Unit Type 13	CHAR	2	See Description for Unit Type 8
1685 - 1686	Unit Type 14	CHAR	2	See Description for Unit Type 8
1953 - 1954	Unit Type 15	CHAR	2	See Description for Unit Type 8
2221 - 2222	Unit Type 16	CHAR	2	See Description for Unit Type 8
2489 - 2490	Unit Type 17	CHAR	2	See Description for Unit Type 8
2757 - 2758	Unit Type 18	CHAR	2	See Description for Unit Type 8
79 - 86	Unit Quantity 8	NUM	8	The number of service units that occurred during the bill period for the patient
347 - 354	Unit Quantity 9	NUM	8	See Description for Unit Quantity 8
615 - 622	Unit Quantity 10	NUM	8	See Description for Unit Quantity 8
883 - 890	Unit Quantity 11	NUM	8	See Description for Unit Quantity 8
1151 - 1158	Unit Quantity 12	NUM	8	See Description for Unit Quantity 8
1419 - 1426	Unit Quantity 13	NUM	8	See Description for Unit Quantity 8
1687 - 1694	Unit Quantity 14	NUM	8	See Description for Unit Quantity 8
1955 - 1962	Unit Quantity 15	NUM	8	See Description for Unit Quantity 8
2223 - 2230	Unit Quantity 16	NUM	8	See Description for Unit Quantity 8
2491 - 2498	Unit Quantity 17	NUM	8	See Description for Unit Quantity 8
2759 - 2766	Unit Quantity 18	NUM	8	See Description for Unit Quantity 8
87 - 96	Non-Covered Charge 8	NUM	10	The non-covered charges for the payer as it pertains to the associated revenue code
355 - 364	Non-Covered Charge 9	NUM	10	See Description for Non-Covered Charge 8
623 - 632	Non-Covered Charge 10	NUM	10	See Description for Non-Covered Charge 8
891 - 900	Non-Covered Charge 11	NUM	10	See Description for Non-Covered Charge 8
1159 - 1168	Non-Covered Charge 12	NUM	10	See Description for Non-Covered Charge 8
1427 - 1436	Non-Covered Charge 13	NUM	10	See Description for Non-Covered Charge 8
1695 - 1704	Non-Covered Charge 14	NUM	10	See Description for Non-Covered Charge 8
1963 - 1972	Non-Covered Charge 15	NUM	10	See Description for Non-Covered Charge 8
2231 - 2240	Non-Covered Charge 16	NUM	10	See Description for Non-Covered Charge 8
2499 - 2508	Non-Covered Charge 17	NUM	10	See Description for Non-Covered Charge 8
2767 - 2776	Non-Covered Charge 18	NUM	10	See Description for Non-Covered Charge 8
97 - 104	Service Date 8	CHAR	8	The date the outpatient service was provided

Record Positions	Data Element	Type	Size	Description
365 - 372	Service Date 9	CHAR	8	See Description for Service Date 8
633 - 640	Service Date 10	CHAR	8	See Description for Service Date 8
901 - 908	Service Date 11	CHAR	8	See Description for Service Date 8
1169 - 1176	Service Date 12	CHAR	8	See Description for Service Date 8
1437 - 1444	Service Date 13	CHAR	8	See Description for Service Date 8
1705 - 1712	Service Date 14	CHAR	8	See Description for Service Date 8
1973 - 1980	Service Date 15	CHAR	8	See Description for Service Date 8
2241 - 2248	Service Date 16	CHAR	8	See Description for Service Date 8
2509 - 2516	Service Date 17	CHAR	8	See Description for Service Date 8
2777 - 2784	Service Date 18	CHAR	8	See Description for Service Date 8
105	Pre-visit Indicator 8	CHAR	1	Indicates if the procedure occurred before, on, or after, the Admission/Start of Care Date
373	Pre-visit Indicator 9	CHAR	1	See Description for Pre-visit Indicator 8
641	Pre-visit Indicator 10	CHAR	1	See Description for Pre-visit Indicator 8
909	Pre-visit Indicator 11	CHAR	1	See Description for Pre-visit Indicator 8
1177	Pre-visit Indicator 12	CHAR	1	See Description for Pre-visit Indicator 8
1445	Pre-visit Indicator 13	CHAR	1	See Description for Pre-visit Indicator 8
1713	Pre-visit Indicator 14	CHAR	1	See Description for Pre-visit Indicator 8
1981	Pre-visit Indicator 15	CHAR	1	See Description for Pre-visit Indicator 8
2249	Pre-visit Indicator 16	CHAR	1	See Description for Pre-visit Indicator 8
2517	Pre-visit Indicator 17	CHAR	1	See Description for Pre-visit Indicator 8
2785	Pre-visit Indicator 18	CHAR	1	See Description for Pre-visit Indicator 8
106 - 108	Line Item Number 8	CHAR	3	Number between 1 and 999 that is assigned for differentiation or to reference a line number within a transaction set
374 - 376	Line Item Number 9	CHAR	3	See Description for Line Item Number 8
642 - 644	Line Item Number 10	CHAR	3	See Description for Line Item Number 8
910 - 912	Line Item Number 11	CHAR	3	See Description for Line Item Number 8
1178 - 1180	Line Item Number 12	CHAR	3	See Description for Line Item Number 8
14446 - 14448	Line Item Number 13	CHAR	3	See Description for Line Item Number 8
1714 - 1716	Line Item Number 14	CHAR	3	See Description for Line Item Number 8
1982 - 1984	Line Item Number 15	CHAR	3	See Description for Line Item Number 8
2250 - 2252	Line Item Number 16	CHAR	3	See Description for Line Item Number 8
2518 - 2520	Line Item Number 17	CHAR	3	See Description for Line Item Number 8
2786 - 2788	Line Item Number 18	CHAR	3	See Description for Line Item Number 8
109 - 111	Visit ID 8	CHAR	3	Identifies the visit in which the line items can be associated
377 - 379	Visit ID 9	CHAR	3	See Description for Visit ID 8
645 - 647	Visit ID 10	CHAR	3	See Description for Visit ID 8
913 - 915	Visit ID 11	CHAR	3	See Description for Visit ID 8
1181 - 1183	Visit ID 12	CHAR	3	See Description for Visit ID 8
1449 - 1451	Visit ID 13	CHAR	3	See Description for Visit ID 8
1717 - 1719	Visit ID 14	CHAR	3	See Description for Visit ID 8
1985 - 1987	Visit ID 15	CHAR	3	See Description for Visit ID 8
2253 - 2255	Visit ID 16	CHAR	3	See Description for Visit ID 8
2521 - 2523	Visit ID 17	CHAR	3	See Description for Visit ID 8
2789 - 2791	Visit ID 18	CHAR	3	See Description for Visit ID 8
112 - 114	Lines in Visit 8	CHAR	3	Identifies the number of lines in the APG return buffer with this visit ID
380 - 382	Lines in Visit 9	CHAR	3	See Description for Lines in Visit 8
648 - 650	Lines in Visit 10	CHAR	3	See Description for Lines in Visit 8
916 - 918	Lines in Visit 11	CHAR	3	See Description for Lines in Visit 8
1184 - 1186	Lines in Visit 12	CHAR	3	See Description for Lines in Visit 8
1452 - 1454	Lines in Visit 13	CHAR	3	See Description for Lines in Visit 8
1720 - 1722	Lines in Visit 14	CHAR	3	See Description for Lines in Visit 8
1988 - 1990	Lines in Visit 15	CHAR	3	See Description for Lines in Visit 8
2256 - 2258	Lines in Visit 16	CHAR	3	See Description for Lines in Visit 8

Record Positions	Data Element	Type	Size	Description								
2524 - 2526	Lines in Visit 17	CHAR	3	See Description for Lines in Visit 8								
2792 - 2794	Lines in Visit 18	CHAR	3	See Description for Lines in Visit 8								
115 - 122	Visit Date 8	CHAR	8	The earliest date on the claim using the single day visit option associated with the 3M software. Same as Service Date.								
383 - 390	Visit Date 9	CHAR	8	See Description for Visit Date 8								
651 - 658	Visit Date 10	CHAR	8	See Description for Visit Date 8								
919 - 926	Visit Date 11	CHAR	8	See Description for Visit Date 8								
1187 - 1194	Visit Date 12	CHAR	8	See Description for Visit Date 8								
1455 - 1462	Visit Date 13	CHAR	8	See Description for Visit Date 8								
1723 - 1730	Visit Date 14	CHAR	8	See Description for Visit Date 8								
1991 - 1998	Visit Date 15	CHAR	8	See Description for Visit Date 8								
2259 - 2266	Visit Date 16	CHAR	8	See Description for Visit Date 8								
2527 - 2534	Visit Date 17	CHAR	8	See Description for Visit Date 8								
2795 - 2802	Visit Date 18	CHAR	8	See Description for Visit Date 8								
123	Visit Processed Flag 8	CHAR	1	Indicates if there were errors during processing								
391	Visit Processed Flag 9	CHAR	1	See Description for Visit Processed Flag 8								
659	Visit Processed Flag 10	CHAR	1	See Description for Visit Processed Flag 8								
927	Visit Processed Flag 11	CHAR	1	See Description for Visit Processed Flag 8								
1195	Visit Processed Flag 12	CHAR	1	See Description for Visit Processed Flag 8								
1463	Visit Processed Flag 13	CHAR	1	See Description for Visit Processed Flag 8								
1731	Visit Processed Flag 14	CHAR	1	See Description for Visit Processed Flag 8								
1999	Visit Processed Flag 15	CHAR	1	See Description for Visit Processed Flag 8								
2267	Visit Processed Flag 16	CHAR	1	See Description for Visit Processed Flag 8								
2535	Visit Processed Flag 17	CHAR	1	See Description for Visit Processed Flag 8								
2803	Visit Processed Flag 18	CHAR	1	See Description for Visit Processed Flag 8								
124 - 133	Visit Processed Warnings/ Messages 8	CHAR	10	The actual warning message as described by the software. Up to five values can be returned. <table border="1"> <tr> <td>00</td> <td>visit processed without warning</td> </tr> <tr> <td>01</td> <td>visit processed with some lines unassigned</td> </tr> <tr> <td>02</td> <td>visit processed with all lines unassigned</td> </tr> <tr> <td>03</td> <td>visit processed with multiple per diems assigned</td> </tr> </table>	00	visit processed without warning	01	visit processed with some lines unassigned	02	visit processed with all lines unassigned	03	visit processed with multiple per diems assigned
00	visit processed without warning											
01	visit processed with some lines unassigned											
02	visit processed with all lines unassigned											
03	visit processed with multiple per diems assigned											
392 - 401	Visit Processed Warnings/ Messages 9	CHAR	10	See Description for Visit Processed Warnings/ Messages 8								
660 - 669	Visit Processed Warnings/ Messages 10	CHAR	10	See Description for Visit Processed Warnings/ Messages 8								
928 - 937	Visit Processed Warnings/ Messages 11	CHAR	10	See Description for Visit Processed Warnings/ Messages 8								
1196 - 1205	Visit Processed Warnings/ Messages 12	CHAR	10	See Description for Visit Processed Warnings/ Messages 8								
1464 - 1473	Visit Processed Warnings/ Messages 13	CHAR	10	See Description for Visit Processed Warnings/ Messages 8								
1732 - 1741	Visit Processed Warnings/ Messages 14	CHAR	10	See Description for Visit Processed Warnings/ Messages 8								
2000 - 2009	Visit Processed Warnings/ Messages 15	CHAR	10	See Description for Visit Processed Warnings/ Messages 8								
2268 - 2277	Visit Processed Warnings/ Messages 16	CHAR	10	See Description for Visit Processed Warnings/ Messages 8								
2536 - 2545	Visit Processed Warnings/ Messages 17	CHAR	10	See Description for Visit Processed Warnings/ Messages 8								
2804 - 2813	Visit Processed Warnings/ Messages 18	CHAR	10	See Description for Visit Processed Warnings/ Messages 8								
134 - 135	Overall Visit Type 8	CHAR	2	The overall visit type based on the service provided								
402 - 403	Overall Visit Type 9	CHAR	2	See Description for Overall Visit Type 8								
670 - 671	Overall Visit Type 10	CHAR	2	See Description for Overall Visit Type 8								
938 - 939	Overall Visit Type 11	CHAR	2	See Description for Overall Visit Type 8								
1206 - 1207	Overall Visit Type 12	CHAR	2	See Description for Overall Visit Type 8								

Record Positions	Data Element	Type	Size	Description
1474 - 1475	Overall Visit Type 13	CHAR	2	See Description for Overall Visit Type 8
1742 - 1743	Overall Visit Type 14	CHAR	2	See Description for Overall Visit Type 8
2010 - 2011	Overall Visit Type 15	CHAR	2	See Description for Overall Visit Type 8
2278 - 2279	Overall Visit Type 16	CHAR	2	See Description for Overall Visit Type 8
2546 - 2547	Overall Visit Type 17	CHAR	2	See Description for Overall Visit Type 8
2814 - 2815	Overall Visit Type 18	CHAR	2	See Description for Overall Visit Type 8
136 - 142	Medical Visit Diagnosis 8	CHAR	7	The description is maintained within the software package
404 - 410	Medical Visit Diagnosis 9	CHAR	7	The description is maintained within the software package
672 - 678	Medical Visit Diagnosis 10	CHAR	7	The description is maintained within the software package
940 - 946	Medical Visit Diagnosis 11	CHAR	7	The description is maintained within the software package
1208 - 1214	Medical Visit Diagnosis 12	CHAR	7	The description is maintained within the software package
1476 - 1482	Medical Visit Diagnosis 13	CHAR	7	The description is maintained within the software package
1744 - 1750	Medical Visit Diagnosis 14	CHAR	7	The description is maintained within the software package
2012 - 2018	Medical Visit Diagnosis 15	CHAR	7	The description is maintained within the software package
2280 - 2286	Medical Visit Diagnosis 16	CHAR	7	The description is maintained within the software package
2548 - 2554	Medical Visit Diagnosis 17	CHAR	7	The description is maintained within the software package
2816 - 2822	Medical Visit Diagnosis 18	CHAR	7	The description is maintained within the software package
143 - 147	Final APG Assignment 8	CHAR	5	Final APG code assignment
411 - 415	Final APG Assignment 9	CHAR	5	See Description for Final APG Assignment 8
679 - 683	Final APG Assignment 10	CHAR	5	See Description for Final APG Assignment 8
947 - 951	Final APG Assignment 11	CHAR	5	See Description for Final APG Assignment 8
1215 - 1219	Final APG Assignment 12	CHAR	5	See Description for Final APG Assignment 8
1483 - 1487	Final APG Assignment 13	CHAR	5	See Description for Final APG Assignment 8
1751 - 1755	Final APG Assignment 14	CHAR	5	See Description for Final APG Assignment 8
2019 - 2023	Final APG Assignment 15	CHAR	5	See Description for Final APG Assignment 8
2287 - 2291	Final APG Assignment 16	CHAR	5	See Description for Final APG Assignment 8
2555 - 2559	Final APG Assignment 17	CHAR	5	See Description for Final APG Assignment 8
2823 - 2827	Final APG Assignment 18	CHAR	5	See Description for Final APG Assignment 8
148 - 149	Final APG Type 8	CHAR	2	Ambulatory Patient Group (APG). Classification of the procedures which may be performed on an ambulatory basis.
416 - 417	Final APG Type 9	CHAR	2	See Description for Final APG Type 8
684 - 685	Final APG Type 10	CHAR	2	See Description for Final APG Type 8
952 - 953	Final APG Type 11	CHAR	2	See Description for Final APG Type 8
1220 - 1221	Final APG Type 12	CHAR	2	See Description for Final APG Type 8
1488 - 1489	Final APG Type 13	CHAR	2	See Description for Final APG Type 8
1756 - 1757	Final APG Type 14	CHAR	2	See Description for Final APG Type 8
2024 - 2025	Final APG Type 15	CHAR	2	See Description for Final APG Type 8
2292 - 2293	Final APG Type 16	CHAR	2	See Description for Final APG Type 8
2560 - 2561	Final APG Type 17	CHAR	2	See Description for Final APG Type 8
2828 - 2829	Final APG Type 18	CHAR	2	See Description for Final APG Type 8
150 - 151	Final APG Category 8	CHAR	2	Final APG Category number and description
418 - 419	Final APG Category 9	CHAR	2	See Description for Final APG Category 8
686 - 687	Final APG Category 10	CHAR	2	See Description for Final APG Category 8
954 - 955	Final APG Category 11	CHAR	2	See Description for Final APG Category 8
1222 - 1223	Final APG Category 12	CHAR	2	See Description for Final APG Category 8
1490 - 1491	Final APG Category 13	CHAR	2	See Description for Final APG Category 8
1758 - 1759	Final APG Category 14	CHAR	2	See Description for Final APG Category 8
2026 - 2027	Final APG Category 15	CHAR	2	See Description for Final APG Category 8
2294 - 2295	Final APG Category 16	CHAR	2	See Description for Final APG Category 8
2562 - 2563	Final APG Category 17	CHAR	2	See Description for Final APG Category 8
2830 - 2831	Final APG Category 18	CHAR	2	See Description for Final APG Category 8

Record Positions	Data Element	Type	Size	Description								
152	Multiple Significant Procedure (SP) Discounting Flag 8	CHAR	1	Identifies duplicate costs accrued when multiple significant procedures, ancillary lab services and/or ancillary non-lab services are performed during the same visit. Multiple SP's on the same day are flagged for same day multiple procedure discounting.								
420	Multiple Significant Procedure (SP) Discounting Flag 9	CHAR	1	See Description for Multiple Significant Procedure (SP) Discounting Flag 8								
688	Multiple Significant Procedure (SP) Discounting Flag 10	CHAR	1	See Description for Multiple Significant Procedure (SP) Discounting Flag 8								
956	Multiple Significant Procedure (SP) Discounting Flag 11	CHAR	1	See Description for Multiple Significant Procedure (SP) Discounting Flag 8								
1224	Multiple Significant Procedure (SP) Discounting Flag 12	CHAR	1	See Description for Multiple Significant Procedure (SP) Discounting Flag 8								
1492	Multiple Significant Procedure (SP) Discounting Flag 13	CHAR	1	See Description for Multiple Significant Procedure (SP) Discounting Flag 8								
1760	Multiple Significant Procedure (SP) Discounting Flag 14	CHAR	1	See Description for Multiple Significant Procedure (SP) Discounting Flag 8								
2028	Multiple Significant Procedure (SP) Discounting Flag 15	CHAR	1	See Description for Multiple Significant Procedure (SP) Discounting Flag 8								
2296	Multiple Significant Procedure (SP) Discounting Flag 16	CHAR	1	See Description for Multiple Significant Procedure (SP) Discounting Flag 8								
2564	Multiple Significant Procedure (SP) Discounting Flag 17	CHAR	1	See Description for Multiple Significant Procedure (SP) Discounting Flag 8								
2832	Multiple Significant Procedure (SP) Discounting Flag 18	CHAR	1	See Description for Multiple Significant Procedure (SP) Discounting Flag 8								
153	Repeat Ancillary Discounting Flag 8	CHAR	1	Identifies duplicate costs accrued when multiple significant procedures, ancillary lab services and/or ancillary non-lab services are performed during the same visit. Multiple ancillary charges on the same day are flagged with the repeat ancillary discounting flag. 0=None 1=Repeat Ancillary Discounting applies								
421	Repeat Ancillary Discounting Flag 9	CHAR	1	See Description for Repeat Ancillary Discounting Flag 8								
689	Repeat Ancillary Discounting Flag 10	CHAR	1	See Description for Repeat Ancillary Discounting Flag 8								
957	Repeat Ancillary Discounting Flag 11	CHAR	1	See Description for Repeat Ancillary Discounting Flag 8								
1225	Repeat Ancillary Discounting Flag 12	CHAR	1	See Description for Repeat Ancillary Discounting Flag 8								
1493	Repeat Ancillary Discounting Flag 13	CHAR	1	See Description for Repeat Ancillary Discounting Flag 8								
1761	Repeat Ancillary Discounting Flag 14	CHAR	1	See Description for Repeat Ancillary Discounting Flag 8								
2029	Repeat Ancillary Discounting Flag 15	CHAR	1	See Description for Repeat Ancillary Discounting Flag 8								
2297	Repeat Ancillary Discounting Flag 16	CHAR	1	See Description for Repeat Ancillary Discounting Flag 8								
2565	Repeat Ancillary Discounting Flag 17	CHAR	1	See Description for Repeat Ancillary Discounting Flag 8								
2833	Repeat Ancillary Discounting Flag 18	CHAR	1	See Description for Repeat Ancillary Discounting Flag 8								
154	Bilateral Discounting Flag 8	CHAR	1	Indicates that an identical service is performed on the opposite side of the body at the same session or visit. <table border="1"> <tr> <td>0</td> <td>None</td> </tr> <tr> <td>1</td> <td>Bilateral discounting applies</td> </tr> <tr> <td>2</td> <td>Surgical bilateral discount applies</td> </tr> <tr> <td>3</td> <td>Non-surgical bilateral discounting applies</td> </tr> </table>	0	None	1	Bilateral discounting applies	2	Surgical bilateral discount applies	3	Non-surgical bilateral discounting applies
0	None											
1	Bilateral discounting applies											
2	Surgical bilateral discount applies											
3	Non-surgical bilateral discounting applies											
422	Bilateral Discounting Flag 9	CHAR	1	See Description for Bilateral Discounting Flag 8								
690	Bilateral Discounting Flag 10	CHAR	1	See Description for Bilateral Discounting Flag 8								
958	Bilateral Discounting Flag 11	CHAR	1	See Description for Bilateral Discounting Flag 8								
1226	Bilateral Discounting Flag 12	CHAR	1	See Description for Bilateral Discounting Flag 8								
1494	Bilateral Discounting Flag 13	CHAR	1	See Description for Bilateral Discounting Flag 8								
1762	Bilateral Discounting Flag 14	CHAR	1	See Description for Bilateral Discounting Flag 8								
2030	Bilateral Discounting Flag 15	CHAR	1	See Description for Bilateral Discounting Flag 8								
2298	Bilateral Discounting Flag 16	CHAR	1	See Description for Bilateral Discounting Flag 8								
2566	Bilateral Discounting Flag 17	CHAR	1	See Description for Bilateral Discounting Flag 8								

Record Positions	Data Element	Type	Size	Description
2834	Bilateral Discounting Flag 18	CHAR	1	See Description for Bilateral Discounting Flag 8
155	Terminated Procedure Discounting Flag 8	CHAR	1	Identifies a procedure that is terminated due to medical complications which would increase the risk to the patient
423	Terminated Procedure Discounting Flag 9	CHAR	1	See Description for Terminated Procedure Discounting Flag 8
691	Terminated Procedure Discounting Flag 10	CHAR	1	See Description for Terminated Procedure Discounting Flag 8
959	Terminated Procedure Discounting Flag 11	CHAR	1	See Description for Terminated Procedure Discounting Flag 8
1227	Terminated Procedure Discounting Flag 12	CHAR	1	See Description for Terminated Procedure Discounting Flag 8
1495	Terminated Procedure Discounting Flag 13	CHAR	1	See Description for Terminated Procedure Discounting Flag 8
1763	Terminated Procedure Discounting Flag 14	CHAR	1	See Description for Terminated Procedure Discounting Flag 8
2031	Terminated Procedure Discounting Flag 15	CHAR	1	See Description for Terminated Procedure Discounting Flag 8
2299	Terminated Procedure Discounting Flag 16	CHAR	1	See Description for Terminated Procedure Discounting Flag 8
2567	Terminated Procedure Discounting Flag 17	CHAR	1	See Description for Terminated Procedure Discounting Flag 8
2835	Terminated Procedure Discounting Flag 18	CHAR	1	See Description for Terminated Procedure Discounting Flag 8
156 - 157	Line Item Unassigned Flag 8	CHAR	2	A single unassigned APG (999) is given to line items with a corresponding Line Item Unassigned Flag.
424 - 425	Line Item Unassigned Flag 9	CHAR	2	See Description for Line Item Unassigned Flag 8
692 - 693	Line Item Unassigned Flag 10	CHAR	2	See Description for Line Item Unassigned Flag 8
960 - 961	Line Item Unassigned Flag 11	CHAR	2	See Description for Line Item Unassigned Flag 8
1228 - 1229	Line Item Unassigned Flag 12	CHAR	2	See Description for Line Item Unassigned Flag 8
1496 - 1497	Line Item Unassigned Flag 13	CHAR	2	See Description for Line Item Unassigned Flag 8
1764 - 1765	Line Item Unassigned Flag 14	CHAR	2	See Description for Line Item Unassigned Flag 8
2032 - 2033	Line Item Unassigned Flag 15	CHAR	2	See Description for Line Item Unassigned Flag 8
2300 - 2301	Line Item Unassigned Flag 16	CHAR	2	See Description for Line Item Unassigned Flag 8
2568 - 2569	Line Item Unassigned Flag 17	CHAR	2	See Description for Line Item Unassigned Flag 8
2836 - 2837	Line Item Unassigned Flag 18	CHAR	2	See Description for Line Item Unassigned Flag 8
158	Packaged Per Diem Flag 8	CHAR	1	Line item packaged as part of a partial hospitalization per diem or daily mental health service per diem. 0=Not Packaged into Per Diem
426	Packaged Per Diem Flag 9	CHAR	1	See Description for Packaged Per Diem Flag 8
694	Packaged Per Diem Flag 10	CHAR	1	See Description for Packaged Per Diem Flag 8
962	Packaged Per Diem Flag 11	CHAR	1	See Description for Packaged Per Diem Flag 8
1230	Packaged Per Diem Flag 12	CHAR	1	See Description for Packaged Per Diem Flag 8
1498	Packaged Per Diem Flag 13	CHAR	1	See Description for Packaged Per Diem Flag 8
1766	Packaged Per Diem Flag 14	CHAR	1	See Description for Packaged Per Diem Flag 8
2034	Packaged Per Diem Flag 15	CHAR	1	See Description for Packaged Per Diem Flag 8
2302	Packaged Per Diem Flag 16	CHAR	1	See Description for Packaged Per Diem Flag 8
2570	Packaged Per Diem Flag 17	CHAR	1	See Description for Packaged Per Diem Flag 8
2838	Packaged Per Diem Flag 18	CHAR	1	See Description for Packaged Per Diem Flag 8
159	Packaging Flag 8	CHAR	1	Line items that are bundled together, such as anesthesia, supplies, certain drugs, and the use of recovery and observation rooms. 0=Not Packaged into Per Diem APG 1=Packaged into Per Diem APG
427	Packaging Flag 9	CHAR	1	See Description for Packaging Flag 8
695	Packaging Flag 10	CHAR	1	See Description for Packaging Flag 8
963	Packaging Flag 11	CHAR	1	See Description for Packaging Flag 8
1231	Packaging Flag 12	CHAR	1	See Description for Packaging Flag 8
1499	Packaging Flag 13	CHAR	1	See Description for Packaging Flag 8
1767	Packaging Flag 14	CHAR	1	See Description for Packaging Flag 8

Record Positions	Data Element	Type	Size	Description
2035	Packaging Flag 15	CHAR	1	See Description for Packaging Flag 8
2303	Packaging Flag 16	CHAR	1	See Description for Packaging Flag 8
2571	Packaging Flag 17	CHAR	1	See Description for Packaging Flag 8
2839	Packaging Flag 18	CHAR	1	See Description for Packaging Flag 8
160	Same Significant Procedure (SP) Consolidation Flag 8	CHAR	1	Indicates procedures are consolidated into one for reimbursement, and applies to multiple instances of the same significant procedures that are performed at the same visit. 0=None 1=Same SP Consolidation applies
428	Same Significant Procedure (SP) Consolidation Flag 9	CHAR	1	See Description for Same Significant Procedure (SP) Consolidation Flag 8
696	Same Significant Procedure (SP) Consolidation Flag 10	CHAR	1	See Description for Same Significant Procedure (SP) Consolidation Flag 8
964	Same Significant Procedure (SP) Consolidation Flag 11	CHAR	1	See Description for Same Significant Procedure (SP) Consolidation Flag 8
1232	Same Significant Procedure (SP) Consolidation Flag 12	CHAR	1	See Description for Same Significant Procedure (SP) Consolidation Flag 8
1500	Same Significant Procedure (SP) Consolidation Flag 13	CHAR	1	See Description for Same Significant Procedure (SP) Consolidation Flag 8
1768	Same Significant Procedure (SP) Consolidation Flag 14	CHAR	1	See Description for Same Significant Procedure (SP) Consolidation Flag 8
2036	Same Significant Procedure (SP) Consolidation Flag 15	CHAR	1	See Description for Same Significant Procedure (SP) Consolidation Flag 8
2304	Same Significant Procedure (SP) Consolidation Flag 16	CHAR	1	See Description for Same Significant Procedure (SP) Consolidation Flag 8
2572	Same Significant Procedure (SP) Consolidation Flag 17	CHAR	1	See Description for Same Significant Procedure (SP) Consolidation Flag 8
2840	Same Significant Procedure (SP) Consolidation Flag 18	CHAR	1	See Description for Same Significant Procedure (SP) Consolidation Flag 8
161	Clinical Significant Procedure (SP) Consolidation Flag 8	CHAR	1	Indicates that multiple instances of the same clinical significant procedures are consolidated into one for reimbursement
429	Clinical Significant Procedure (SP) Consolidation Flag 9	CHAR	1	See Description for Clinical Significant Procedure (SP) Consolidation Flag 8
697	Clinical Significant Procedure (SP) Consolidation Flag 10	CHAR	1	See Description for Clinical Significant Procedure (SP) Consolidation Flag 8
965	Clinical Significant Procedure (SP) Consolidation Flag 11	CHAR	1	See Description for Clinical Significant Procedure (SP) Consolidation Flag 8
1233	Clinical Significant Procedure (SP) Consolidation Flag 12	CHAR	1	See Description for Clinical Significant Procedure (SP) Consolidation Flag 8
1501	Clinical Significant Procedure (SP) Consolidation Flag 13	CHAR	1	See Description for Clinical Significant Procedure (SP) Consolidation Flag 8
1769	Clinical Significant Procedure (SP) Consolidation Flag 14	CHAR	1	See Description for Clinical Significant Procedure (SP) Consolidation Flag 8
2037	Clinical Significant Procedure (SP) Consolidation Flag 15	CHAR	1	See Description for Clinical Significant Procedure (SP) Consolidation Flag 8
2305	Clinical Significant Procedure (SP) Consolidation Flag 16	CHAR	1	See Description for Clinical Significant Procedure (SP) Consolidation Flag 8
2573	Clinical Significant Procedure (SP) Consolidation Flag 17	CHAR	1	See Description for Clinical Significant Procedure (SP) Consolidation Flag 8
2841	Clinical Significant Procedure (SP) Consolidation Flag 18	CHAR	1	See Description for Clinical Significant Procedure (SP) Consolidation Flag 8
162 - 163	Line Item Acuity Flag 8	CHAR	2	Passed from input by the system
430 - 431	Line Item Acuity Flag 9	CHAR	2	Passed from input by the system
698 - 699	Line Item Acuity Flag 10	CHAR	2	Passed from input by the system
966 - 967	Line Item Acuity Flag 11	CHAR	2	Passed from input by the system
1234 - 1235	Line Item Acuity Flag 12	CHAR	2	Passed from input by the system
1502 - 1503	Line Item Acuity Flag 13	CHAR	2	Passed from input by the system

Record Positions	Data Element	Type	Size	Description
1770 - 1771	Line Item Acuity Flag 14	CHAR	2	Passed from input by the system
2038 - 2039	Line Item Acuity Flag 15	CHAR	2	Passed from input by the system
2306 - 2307	Line Item Acuity Flag 16	CHAR	2	Passed from input by the system
2574 - 2575	Line Item Acuity Flag 17	CHAR	2	Passed from input by the system
2842 - 2843	Line Item Acuity Flag 18	CHAR	2	Passed from input by the system

164 - 166	Service Item ID number 8	CHAR	3	The description is maintained within the software package
432 - 434	Service Item ID number 9	CHAR	3	The description is maintained within the software package
700 - 702	Service Item ID number 10	CHAR	3	The description is maintained within the software package
968 - 970	Service Item ID number 11	CHAR	3	The description is maintained within the software package
1236 - 1238	Service Item ID number 12	CHAR	3	The description is maintained within the software package
1504 - 1506	Service Item ID number 13	CHAR	3	The description is maintained within the software package
1772 - 1774	Service Item ID number 14	CHAR	3	The description is maintained within the software package
2040 - 2042	Service Item ID number 15	CHAR	3	The description is maintained within the software package
2308 - 2310	Service Item ID number 16	CHAR	3	The description is maintained within the software package
2576 - 2578	Service Item ID number 17	CHAR	3	The description is maintained within the software package
2844 - 2846	Service Item ID number 18	CHAR	3	The description is maintained within the software package

167 - 174	Line Item APG Payment 8	NUM	8	The APG paid amount (Amt_APG_Full_E2246) multiplied by a percentage based on the APG Blend Type Code (APG_Blnd_Type_Cd_E2248)
435 - 442	Line Item APG Payment 9	NUM	8	See Description for Line Item APG Payment 8
703 - 710	Line Item APG Payment 10	NUM	8	See Description for Line Item APG Payment 8
971 - 978	Line Item APG Payment 11	NUM	8	See Description for Line Item APG Payment 8
1239 - 1246	Line Item APG Payment 12	NUM	8	See Description for Line Item APG Payment 8
1507 - 1514	Line Item APG Payment 13	NUM	8	See Description for Line Item APG Payment 8
1775 - 1782	Line Item APG Payment 14	NUM	8	See Description for Line Item APG Payment 8
2043 - 2050	Line Item APG Payment 15	NUM	8	See Description for Line Item APG Payment 8
2311 - 2318	Line Item APG Payment 16	NUM	8	See Description for Line Item APG Payment 8
2579 - 2586	Line Item APG Payment 17	NUM	8	See Description for Line Item APG Payment 8
2847 - 2854	Line Item APG Payment 18	NUM	8	See Description for Line Item APG Payment 8

175 - 182	Line Item Existing Payment 8	NUM	8	The calculated dollar amount to be paid to the provider based on a blended rate determined by the State Rate Setting Agencies
443 - 450	Line Item Existing Payment 9	NUM	8	See Description for Line Item Existing Payment 8
711 - 718	Line Item Existing Payment 10	NUM	8	See Description for Line Item Existing Payment 8
979 - 986	Line Item Existing Payment 11	NUM	8	See Description for Line Item Existing Payment 8
1247 - 1254	Line Item Existing Payment 12	NUM	8	See Description for Line Item Existing Payment 8
1515 - 1522	Line Item Existing Payment 13	NUM	8	See Description for Line Item Existing Payment 8
1783 - 1790	Line Item Existing Payment 14	NUM	8	See Description for Line Item Existing Payment 8
2051 - 2058	Line Item Existing Payment 15	NUM	8	See Description for Line Item Existing Payment 8
2319 - 2326	Line Item Existing Payment 16	NUM	8	See Description for Line Item Existing Payment 8
2587 - 2594	Line Item Existing Payment 17	NUM	8	See Description for Line Item Existing Payment 8
2855 - 2862	Line Item Existing Payment 18	NUM	8	See Description for Line Item Existing Payment 8

183 - 190	Line Item Blended Payment 8	NUM	8	Identifies the percentage of the blended rate amount used in calculating the final APG payment amount.
451 - 458	Line Item Blended Payment 9	NUM	8	See Description for Line Item Blended Payment 8
719 - 726	Line Item Blended Payment 10	NUM	8	See Description for Line Item Blended Payment 8
987 - 994	Line Item Blended Payment 11	NUM	8	See Description for Line Item Blended Payment 8
1255 - 1262	Line Item Blended Payment 12	NUM	8	See Description for Line Item Blended Payment 8
1523 - 1530	Line Item Blended Payment 13	NUM	8	See Description for Line Item Blended Payment 8
1791 - 1798	Line Item Blended Payment 14	NUM	8	See Description for Line Item Blended Payment 8
2059 - 2066	Line Item Blended Payment 15	NUM	8	See Description for Line Item Blended Payment 8
2327 - 2334	Line Item Blended Payment 16	NUM	8	See Description for Line Item Blended Payment 8
2595 - 2602	Line Item Blended Payment 17	NUM	8	See Description for Line Item Blended Payment 8
2863 - 2870	Line Item Blended Payment 18	NUM	8	See Description for Line Item Blended Payment 8

Record Positions	Data Element	Type	Size	Description
191 - 198	Line Item Add-on Payment 8	NUM	8	The description is maintained within the software package
459 - 466	Line Item Add-on Payment 9	NUM	8	The description is maintained within the software package
727 - 734	Line Item Add-on Payment 10	NUM	8	The description is maintained within the software package
995 - 1002	Line Item Add-on Payment 11	NUM	8	The description is maintained within the software package
1263 - 1270	Line Item Add-on Payment 12	NUM	8	The description is maintained within the software package
1531 - 1538	Line Item Add-on Payment 13	NUM	8	The description is maintained within the software package
1799 - 1806	Line Item Add-on Payment 14	NUM	8	The description is maintained within the software package
2067 - 2074	Line Item Add-on Payment 15	NUM	8	The description is maintained within the software package
2335 - 2342	Line Item Add-on Payment 16	NUM	8	The description is maintained within the software package
2603 - 2610	Line Item Add-on Payment 17	NUM	8	The description is maintained within the software package
2871 - 2878	Line Item Add-on Payment 18	NUM	8	The description is maintained within the software package

199 - 206	Line Item Total Payment 8	NUM	8	Line item payment, including possible cost outlier payment
467 - 474	Line Item Total Payment 9	NUM	8	See Description for Line Item Total Payment 8
735 - 742	Line Item Total Payment 10	NUM	8	See Description for Line Item Total Payment 8
1003 - 1010	Line Item Total Payment 11	NUM	8	See Description for Line Item Total Payment 8
1271 - 1278	Line Item Total Payment 12	NUM	8	See Description for Line Item Total Payment 8
1539 - 1546	Line Item Total Payment 13	NUM	8	See Description for Line Item Total Payment 8
1807 - 1814	Line Item Total Payment 14	NUM	8	See Description for Line Item Total Payment 8
2075 - 2082	Line Item Total Payment 15	NUM	8	See Description for Line Item Total Payment 8
2343 - 2350	Line Item Total Payment 16	NUM	8	See Description for Line Item Total Payment 8
2611 - 2618	Line Item Total Payment 17	NUM	8	See Description for Line Item Total Payment 8
2879 - 2886	Line Item Total Payment 18	NUM	8	See Description for Line Item Total Payment 8

207 - 211	Line Item Blend Percent 8	NUM	5	The percentage, usually in 25 percent increments, used to calculate the blended amount for calculating payment
475 - 479	Line Item Blend Percent 9	NUM	5	See Description for Line Item Blend Percent 8
743 - 747	Line Item Blend Percent 10	NUM	5	See Description for Line Item Blend Percent 8
1011 - 1015	Line Item Blend Percent 11	NUM	5	See Description for Line Item Blend Percent 8
1279 - 1283	Line Item Blend Percent 12	NUM	5	See Description for Line Item Blend Percent 8
1547 - 1551	Line Item Blend Percent 13	NUM	5	See Description for Line Item Blend Percent 8
1815 - 1819	Line Item Blend Percent 14	NUM	5	See Description for Line Item Blend Percent 8
2083 - 2087	Line Item Blend Percent 15	NUM	5	See Description for Line Item Blend Percent 8
2351 - 2355	Line Item Blend Percent 16	NUM	5	See Description for Line Item Blend Percent 8
2619 - 2623	Line Item Blend Percent 17	NUM	5	See Description for Line Item Blend Percent 8
2887 - 2891	Line Item Blend Percent 18	NUM	5	See Description for Line Item Blend Percent 8

212 - 220	Line Item Adjusted APG Weight 8	NUM	9	The APG weight after the discounting and consolidation for the line item
480 - 488	Line Item Adjusted APG Weight 9	NUM	9	See Description for Line Item Adjusted APG Weight 8
748 - 756	Line Item Adjusted APG Weight 10	NUM	9	See Description for Line Item Adjusted APG Weight 8
1016 - 1024	Line Item Adjusted APG Weight 11	NUM	9	See Description for Line Item Adjusted APG Weight 8
1284 - 1292	Line Item Adjusted APG Weight 12	NUM	9	See Description for Line Item Adjusted APG Weight 8
1552 - 1560	Line Item Adjusted APG Weight 13	NUM	9	See Description for Line Item Adjusted APG Weight 8
1820 - 1828	Line Item Adjusted APG Weight 14	NUM	9	See Description for Line Item Adjusted APG Weight 8
2088 - 2096	Line Item Adjusted APG Weight 15	NUM	9	See Description for Line Item Adjusted APG Weight 8
2356 - 2364	Line Item Adjusted APG Weight 16	NUM	9	See Description for Line Item Adjusted APG Weight 8
2624 - 2632	Line Item Adjusted APG Weight 17	NUM	9	See Description for Line Item Adjusted APG Weight 8
2892 - 2900	Line Item Adjusted APG Weight 18	NUM	9	See Description for Line Item Adjusted APG Weight 8

221 - 229	Line Item Full APG Weight 8	NUM	9	The description is maintained within the software package
489 - 497	Line Item Full APG Weight 9	NUM	9	The description is maintained within the software package
757 - 765	Line Item Full APG Weight 10	NUM	9	The description is maintained within the software package
1025 - 1033	Line Item Full APG Weight 11	NUM	9	The description is maintained within the software package
1293 - 1301	Line Item Full APG Weight 12	NUM	9	The description is maintained within the software package
1561 - 1569	Line Item Full APG Weight 13	NUM	9	The description is maintained within the software package
1829 - 1837	Line Item Full APG Weight 14	NUM	9	The description is maintained within the software package
2097 - 2105	Line Item Full APG Weight 15	NUM	9	The description is maintained within the software package
2365 - 2373	Line Item Full APG Weight 16	NUM	9	The description is maintained within the software package

Record Positions	Data Element	Type	Size	Description
2633 - 2641	Line Item Full APG Weight 17	NUM	9	The description is maintained within the software package
2901 - 2909	Line Item Full APG Weight 18	NUM	9	The description is maintained within the software package
230 - 235	Line Item Payment Percent 8	NUM	6	The APG percentage after discounting and consolidation
498 - 503	Line Item Payment Percent 9	NUM	6	See Description for Line Item Payment Percent 8
766 - 771	Line Item Payment Percent 10	NUM	6	See Description for Line Item Payment Percent 8
1034 - 1039	Line Item Payment Percent 11	NUM	6	See Description for Line Item Payment Percent 8
1302 - 1307	Line Item Payment Percent 12	NUM	6	See Description for Line Item Payment Percent 8
1570 - 1575	Line Item Payment Percent 13	NUM	6	See Description for Line Item Payment Percent 8
1838 - 1843	Line Item Payment Percent 14	NUM	6	See Description for Line Item Payment Percent 8
2106 - 2111	Line Item Payment Percent 15	NUM	6	See Description for Line Item Payment Percent 8
2374 - 2379	Line Item Payment Percent 16	NUM	6	See Description for Line Item Payment Percent 8
2642 - 2647	Line Item Payment Percent 17	NUM	6	See Description for Line Item Payment Percent 8
2910 - 2915	Line Item Payment Percent 18	NUM	6	See Description for Line Item Payment Percent 8
236 - 237	Line Item Payment Action 8	CHAR	2	Identifies if the line was paid fully, consolidated, discounted, or packaged, based upon the remainder of the claim
504 - 505	Line Item Payment Action 9	CHAR	2	See Description for Line Item Payment Action 8
772 - 773	Line Item Payment Action 10	CHAR	2	See Description for Line Item Payment Action 8
1040 - 1041	Line Item Payment Action 11	CHAR	2	See Description for Line Item Payment Action 8
1308 - 1309	Line Item Payment Action 12	CHAR	2	See Description for Line Item Payment Action 8
1576 - 1577	Line Item Payment Action 13	CHAR	2	See Description for Line Item Payment Action 8
1844 - 1845	Line Item Payment Action 14	CHAR	2	See Description for Line Item Payment Action 8
2112 - 2113	Line Item Payment Action 15	CHAR	2	See Description for Line Item Payment Action 8
2380 - 2381	Line Item Payment Action 16	CHAR	2	See Description for Line Item Payment Action 8
2648 - 2649	Line Item Payment Action 17	CHAR	2	See Description for Line Item Payment Action 8
2916 - 2917	Line Item Payment Action 18	CHAR	2	See Description for Line Item Payment Action 8
238 - 244	Line Item Paid Units 8	CHAR	7	Identifies the number of units paid
506 - 512	Line Item Paid Units 9	CHAR	7	See Description for Line Item Paid Units 8
774 - 780	Line Item Paid Units 10	CHAR	7	See Description for Line Item Paid Units 8
1042 - 1048	Line Item Paid Units 11	CHAR	7	See Description for Line Item Paid Units 8
1310 - 1316	Line Item Paid Units 12	CHAR	7	See Description for Line Item Paid Units 8
1578 - 1584	Line Item Paid Units 13	CHAR	7	See Description for Line Item Paid Units 8
1846 - 1852	Line Item Paid Units 14	CHAR	7	See Description for Line Item Paid Units 8
2114 - 2120	Line Item Paid Units 15	CHAR	7	See Description for Line Item Paid Units 8
2382 - 2388	Line Item Paid Units 16	CHAR	7	See Description for Line Item Paid Units 8
2650 - 2656	Line Item Paid Units 17	CHAR	7	See Description for Line Item Paid Units 8
2918 - 2924	Line Item Paid Units 18	CHAR	7	See Description for Line Item Paid Units 8
245 - 246	Line Item Payment Adjustment Flag 8	CHAR	2	The description is maintained within the software package
513 - 514	Line Item Payment Adjustment Flag 9	CHAR	2	The description is maintained within the software package
781 - 782	Line Item Payment Adjustment Flag 10	CHAR	2	The description is maintained within the software package
1049 - 1050	Line Item Payment Adjustment Flag 11	CHAR	2	The description is maintained within the software package
1317 - 1318	Line Item Payment Adjustment Flag 12	CHAR	2	The description is maintained within the software package
1585 - 1586	Line Item Payment Adjustment Flag 13	CHAR	2	The description is maintained within the software package
1853 - 1854	Line Item Payment Adjustment Flag 14	CHAR	2	The description is maintained within the software package
2121 - 2122	Line Item Payment Adjustment Flag 15	CHAR	2	The description is maintained within the software package
2389 - 2390	Line Item Payment Adjustment Flag 16	CHAR	2	The description is maintained within the software package
2657 - 2658	Line Item Payment Adjustment Flag 17	CHAR	2	The description is maintained within the software package
2925 - 2926	Line Item Payment Adjustment Flag 18	CHAR	2	The description is maintained within the software package

Record Positions	Data Element	Type	Size	Description
247 - 254	Visit APG Payment 8	NUM	8	This is the calculated dollar value that will be paid to a provider
515 - 522	Visit APG Payment 9	NUM	8	See Description for Visit APG Payment 8
783 - 790	Visit APG Payment 10	NUM	8	See Description for Visit APG Payment 8
1051 - 1058	Visit APG Payment 11	NUM	8	See Description for Visit APG Payment 8
1319 - 1326	Visit APG Payment 12	NUM	8	See Description for Visit APG Payment 8
1587 - 1594	Visit APG Payment 13	NUM	8	See Description for Visit APG Payment 8
1855 - 1862	Visit APG Payment 14	NUM	8	See Description for Visit APG Payment 8
2123 - 2130	Visit APG Payment 15	NUM	8	See Description for Visit APG Payment 8
2391 - 2398	Visit APG Payment 16	NUM	8	See Description for Visit APG Payment 8
2659 - 2666	Visit APG Payment 17	NUM	8	See Description for Visit APG Payment 8
2927 - 2934	Visit APG Payment 18	NUM	8	See Description for Visit APG Payment 8

255 - 262	Visit Transition APG Payment 8	NUM	8	The amount paid based on the calculated values of both the existing payment and the blended payment combined to create the total APG payment specified phase
523 - 530	Visit Transition APG Payment 9	NUM	8	See Description for Visit Transition APG Payment 8
791 - 798	Visit Transition APG Payment 10	NUM	8	See Description for Visit Transition APG Payment 8
1059 - 1066	Visit Transition APG Payment 11	NUM	8	See Description for Visit Transition APG Payment 8
1327 - 1334	Visit Transition APG Payment 12	NUM	8	See Description for Visit Transition APG Payment 8
1595 - 1602	Visit Transition APG Payment 13	NUM	8	See Description for Visit Transition APG Payment 8
1863 - 1870	Visit Transition APG Payment 14	NUM	8	See Description for Visit Transition APG Payment 8
2131 - 2138	Visit Transition APG Payment 15	NUM	8	See Description for Visit Transition APG Payment 8
2399 - 2406	Visit Transition APG Payment 16	NUM	8	See Description for Visit Transition APG Payment 8
2667 - 2674	Visit Transition APG Payment 17	NUM	8	See Description for Visit Transition APG Payment 8
2935 - 2942	Visit Transition APG Payment 18	NUM	8	See Description for Visit Transition APG Payment 8

263 - 270	Visit Existing Payment 8	NUM	8	Used for blending purposes and based on a provider's average per visit reimbursement for services moving to APGs for calendar year 2007
531 - 538	Visit Existing Payment 9	NUM	8	See Description for Visit Existing Payment 8
799 - 806	Visit Existing Payment 10	NUM	8	See Description for Visit Existing Payment 8
1067 - 1074	Visit Existing Payment 11	NUM	8	See Description for Visit Existing Payment 8
1335 - 1342	Visit Existing Payment 12	NUM	8	See Description for Visit Existing Payment 8
1603 - 1610	Visit Existing Payment 13	NUM	8	See Description for Visit Existing Payment 8
1871 - 1878	Visit Existing Payment 14	NUM	8	See Description for Visit Existing Payment 8
2139 - 2146	Visit Existing Payment 15	NUM	8	See Description for Visit Existing Payment 8
2407 - 2414	Visit Existing Payment 16	NUM	8	See Description for Visit Existing Payment 8
2675 - 2682	Visit Existing Payment 17	NUM	8	See Description for Visit Existing Payment 8
2943 - 2950	Visit Existing Payment 18	NUM	8	See Description for Visit Existing Payment 8

271 - 278	Visit Blended Payment 8	NUM	8	The amount that the APG methodology calculates for the visit based on the coded procedures and diagnoses
539 - 546	Visit Blended Payment 9	NUM	8	See Description for Visit Blended Payment 8
807 - 814	Visit Blended Payment 10	NUM	8	See Description for Visit Blended Payment 8
1075 - 1082	Visit Blended Payment 11	NUM	8	See Description for Visit Blended Payment 8
1343 - 1350	Visit Blended Payment 12	NUM	8	See Description for Visit Blended Payment 8
1611 - 1618	Visit Blended Payment 13	NUM	8	See Description for Visit Blended Payment 8
1879 - 1886	Visit Blended Payment 14	NUM	8	See Description for Visit Blended Payment 8
2147 - 2154	Visit Blended Payment 15	NUM	8	See Description for Visit Blended Payment 8
2415 - 2422	Visit Blended Payment 16	NUM	8	See Description for Visit Blended Payment 8
2683 - 2690	Visit Blended Payment 17	NUM	8	See Description for Visit Blended Payment 8
2951 - 2958	Visit Blended Payment 18	NUM	8	See Description for Visit Blended Payment 8

279 - 286	Visit Add-on Payment 8	NUM	8	This is the fixed add-on payment for the visit
547 - 554	Visit Add-on Payment 9	NUM	8	See Description for Visit Add-on Payment 8
815 - 822	Visit Add-on Payment 10	NUM	8	See Description for Visit Add-on Payment 8
1083 - 1090	Visit Add-on Payment 11	NUM	8	See Description for Visit Add-on Payment 8
1351 - 1358	Visit Add-on Payment 12	NUM	8	See Description for Visit Add-on Payment 8

Record Positions	Data Element	Type	Size	Description
1619 - 1626	Visit Add-on Payment 13	NUM	8	See Description for Visit Add-on Payment 8
1887 - 1894	Visit Add-on Payment 14	NUM	8	See Description for Visit Add-on Payment 8
2155 - 2162	Visit Add-on Payment 15	NUM	8	See Description for Visit Add-on Payment 8
2423 - 2430	Visit Add-on Payment 16	NUM	8	See Description for Visit Add-on Payment 8
2691 - 2698	Visit Add-on Payment 17	NUM	8	See Description for Visit Add-on Payment 8
2959 - 2966	Visit Add-on Payment 18	NUM	8	See Description for Visit Add-on Payment 8

287 - 294	Visit Payment 8	NUM	8	The payment for the visit not including outlier payment and revenue code add-on
555 - 562	Visit Payment 9	NUM	8	See Description for Visit Payment 8
823 - 830	Visit Payment 10	NUM	8	See Description for Visit Payment 8
1091 - 1098	Visit Payment 11	NUM	8	See Description for Visit Payment 8
1359 - 1366	Visit Payment 12	NUM	8	See Description for Visit Payment 8
1627 - 1634	Visit Payment 13	NUM	8	See Description for Visit Payment 8
1895 - 1902	Visit Payment 14	NUM	8	See Description for Visit Payment 8
2163 - 2170	Visit Payment 15	NUM	8	See Description for Visit Payment 8
2431 - 2438	Visit Payment 16	NUM	8	See Description for Visit Payment 8
2699 - 2706	Visit Payment 17	NUM	8	See Description for Visit Payment 8
2967 - 2974	Visit Payment 18	NUM	8	See Description for Visit Payment 8

295 - 302	Visit Non-Transition Payment 8	NUM	8	The amount paid based solely on the fully blended payment (100%) to create the total APG payment during the specified phase
563 - 570	Visit Non-Transition Payment 9	NUM	8	See Description for Visit Non-Transition Payment 8
831 - 838	Visit Non-Transition Payment 10	NUM	8	See Description for Visit Non-Transition Payment 8
1099 - 1106	Visit Non-Transition Payment 11	NUM	8	See Description for Visit Non-Transition Payment 8
1367 - 1374	Visit Non-Transition Payment 12	NUM	8	See Description for Visit Non-Transition Payment 8
1635 - 1642	Visit Non-Transition Payment 13	NUM	8	See Description for Visit Non-Transition Payment 8
1903 - 1910	Visit Non-Transition Payment 14	NUM	8	See Description for Visit Non-Transition Payment 8
2171 - 2178	Visit Non-Transition Payment 15	NUM	8	See Description for Visit Non-Transition Payment 8
2439 - 2446	Visit Non-Transition Payment 16	NUM	8	See Description for Visit Non-Transition Payment 8
2707 - 2714	Visit Non-Transition Payment 17	NUM	8	See Description for Visit Non-Transition Payment 8
2975 - 2982	Visit Non-Transition Payment 18	NUM	8	See Description for Visit Non-Transition Payment 8

303 - 311	Visit Adjusted APG Weight 8	NUM	9	This is the sum of the adjusted APG weights for the visit
571 - 579	Visit Adjusted APG Weight 9	NUM	9	See Description for Visit Adjusted APG Weight 8
839 - 847	Visit Adjusted APG Weight 10	NUM	9	See Description for Visit Adjusted APG Weight 8
1107 - 1115	Visit Adjusted APG Weight 11	NUM	9	See Description for Visit Adjusted APG Weight 8
1375 - 1383	Visit Adjusted APG Weight 12	NUM	9	See Description for Visit Adjusted APG Weight 8
1643 - 1651	Visit Adjusted APG Weight 13	NUM	9	See Description for Visit Adjusted APG Weight 8
1911 - 1919	Visit Adjusted APG Weight 14	NUM	9	See Description for Visit Adjusted APG Weight 8
2179 - 2187	Visit Adjusted APG Weight 15	NUM	9	See Description for Visit Adjusted APG Weight 8
2447 - 2455	Visit Adjusted APG Weight 16	NUM	9	See Description for Visit Adjusted APG Weight 8
2715 - 2723	Visit Adjusted APG Weight 17	NUM	9	See Description for Visit Adjusted APG Weight 8
2983 - 2991	Visit Adjusted APG Weight 18	NUM	9	See Description for Visit Adjusted APG Weight 8

312 - 320	Visit Full APG Weight 8	NUM	9	This is the sum of the APG weights for the visit
580 - 588	Visit Full APG Weight 9	NUM	9	See Description for Visit Full APG Weight 8
848 - 856	Visit Full APG Weight 10	NUM	9	See Description for Visit Full APG Weight 8
1116 - 1124	Visit Full APG Weight 11	NUM	9	See Description for Visit Full APG Weight 8
1384 - 1392	Visit Full APG Weight 12	NUM	9	See Description for Visit Full APG Weight 8
1652 - 1660	Visit Full APG Weight 13	NUM	9	See Description for Visit Full APG Weight 8
1920 - 1928	Visit Full APG Weight 14	NUM	9	See Description for Visit Full APG Weight 8
2188 - 2196	Visit Full APG Weight 15	NUM	9	See Description for Visit Full APG Weight 8
2456 - 2464	Visit Full APG Weight 16	NUM	9	See Description for Visit Full APG Weight 8
2724 - 2732	Visit Full APG Weight 17	NUM	9	See Description for Visit Full APG Weight 8
2992 - 3000	Visit Full APG Weight 18	NUM	9	See Description for Visit Full APG Weight 8

NOTES:

AIDS/HIV EDITS - all identifiable data elements are redacted (blank/zeroed out) leaving all other data elements intact. All exact dates are modified to give only month and year. Birth weights are truncated (rounded down to nearest 100 grams).

ABORTION EDITS - all identifiable data elements are redacted, including physician license numbers, when there is any indication of abortion.

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III. PRIMARY RECORDS

Common Portion of All Records

SPARCS Outpatient Segment:

Data Element Name:

Record Position:

Format – Length:

Effective Date:

Contained In:

Deniable Data Element:

Common Detail on Primary Record

Discharge Sequential Number

1-14

Numeric – 14

Implemented May 1, 2005 and
added to all years' discharge files.

De-Identified Data Set: NO

Limited Data Set: YES

Identifiable Data Set: YES

No

Description:

The discharge year, plus an eight digit sequentially assigned number by SPARCS. This data element is used to identify each discharge. It is also used to link the primary and continuation records.

Codes and Values:

1. An assigned numeric value.

OUTPUT Edits on Element:

1. Must be a numeric value.
2. If Abortion Flag equals 'Y' then the Discharge Number is reconfigured.

INPUT Edits on Element:

Not applicable. This is a derived field.

SPARCS Outpatient Segment:**Common Detail on Primary Record**

Data Element Name:

Continuation Indicator

Record Position:

15

Format – Length:

Numeric – 1

Effective Date:

Implemented May 1, 2005 and added to all years' files.

Contained In:

De-Identified Data Set: YES

Limited Data Set: YES

Identifiable Data Set: YES

Deniable Data Element:

No

Description:

A code which indicates if continuation records exist for this discharge. This is a derived data element.

Codes and Values:

1. 0 = no continuation records
2. A value of 1 or greater means this is a continuation record.

OUTPUT Edits on Element:

1. Must be a numeric value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SPARCS Outpatient Segment:**Common Detail on Primary Record**

Data Element Name:
Record Position:
Format – Length:
Effective Date:
Contained In:

Record Sequence Number
16 - 18
Numeric - 3
January 1, 1994
De-Identified Data Set: YES
Limited Data Set: YES
Identifiable Data Set: YES
No

Deniable Data Element:

Description:

The number assigned by SPARCS to indicate the record's position within a set of records for a particular patient discharge.

This number is sequential (001, 002, etc.). For example, the Record Sequence Number for the second record in a set of 3 records will be 002. All Primary Records will have a Record Sequence Number equal to 001.

Codes and Values:

1. Right justified and zero filled.
2. Primary Record = 001
3. Continuation Records = 002 to 092

OUTPUT Edits on Element:

1. Must be numeric (001 to 092).

INPUT Edits on Element:

Not applicable. This is a derived data element.

SPARCS Outpatient Segment:**Common Detail on Primary Record**

Data Element Name:
Record Position:
Format – Length:
Effective Date:
Contained In:

Record Sequence Count
19 - 21
Numeric - 3
January 1, 1994
De-Identified Data Set: YES
Limited Data Set: YES
Identifiable Data Set: YES
No

Description:

The total number of records reported for a particular patient stay/discharge.

This data element is assigned in conjunction with Record Sequence Number.

A patient discharge will result in one Primary Record and possible Continuation Records. All Primary Records will have a Record Sequence Number equal to 001. For example, if a patient discharge has a Record Sequence Count equal to 005, this means that there are a total of five records containing information for that patient stay; the Primary Record and four Continuation Records.

Codes and Values:

1. Right justified and zero filled.

OUTPUT Edits on Element:

1. Must be numeric (001 to 092).

INPUT Edits on Element:

Not applicable. This is a derived data element.

SPARCS Outpatient Segment:**Primary Records****PATIENT SEGMENT**

Data Element Name:	Patient Control Number
Record Position:	24-43
Record Position for Encrypted*:	3201 - 3244
Format – Length:	Character - 20
Format - Length for Encrypted*:	Character - 44
Effective Date:	January 1, 1994
Contained In:	De-Identified Data Set: NO Limited Data Set: YES for Encrypted only; otherwise, NO. Identifiable Data Set: YES
Deniable Data Element:	Yes

**Patient Control Number is only available on the Limited Data Set as an Encrypted Data Element.*

Description:

A patient's unique Control Number is assigned by the hospital to facilitate retrieval of individual financial and clinical records and posting of the payment.

Codes and Values:

1. Must have been left justified with no embedded blanks and space filled.
2. Equals patient control number.

OUTPUT Edits on Element:

1. If Abortion or HIV Flag equals 'Y', this data element is redacted unless otherwise noted.

INPUT Edits on Element:

1. Must not have equaled zero or blanks.
2. Must have been numeric (0-9) and/or alphabetic (A-Z). Special characters were invalid entries.

PATIENT SEGMENT

Data Element Name:	Medical Record Number
Record Position:	44 - 60
Record Position for Encrypted*:	3245 – 3288
Format – Length:	Character - 17
Format Length for Encrypted*:	Character - 44
Effective Date:	January 1, 1982
Contained In:	De-Identified Data Set: NO Limited Data Set: YES for Encrypted only; otherwise, NO. Identifiable Data Set: YES
Deniable Data Element:	Yes

**Medical Record Number is only available on the Limited Data Set as an Encrypted Data Element.*

Description:

The number used by the Medical Records Department to identify the patient's account number for the hospital. This number is **not** the same as the Patient Control Number.

Codes and Values:

1. Left justified with no embedded blanks and space filled.
2. Equals Medical Record Number

OUTPUT Edits on Element:

1. If Abortion or HIV Flag equals 'Y', this data element is redacted unless otherwise noted.

INPUT Edits on Element:

1. Must not have equaled zero or blanks.
2. Must have been numeric (0-9) and/or alphabetic (A-Z). Special characters were invalid entries.

PATIENT SEGMENT

Data Element Name:	Unique Personal Identifier
Record Position:	61-70
Record Position for Encrypted*:	3289 - 3310
Format – Length:	Character - 10
Format Length for Encrypted*:	Character - 22
Effective Date:	January 1, 1995
Contained In:	De-Identified Data Set: NO Limited Data Set: YES for Encrypted only; otherwise, NO. Identifiable Data Set: YES
Deniable Data Element:	Yes

**Unique Personal Identifier is only available on the Limited Data Set as an Encrypted Data Element.*

Description:

A composite field composed of portions of the patient's last name, first name, and social security number. This field, in conjunction with Patient Birth Date and Patient Sex, is designed to provide matching criteria for individual patient records for longitudinal analysis without compromising the confidentiality of the record.

The source of the characters in the 10 positions are:

Composite 1

Position 1-4: 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.

Composite 2

Position 5-6: First two (2) characters of the **patient's first name**.

Composite 3

Position 7-10: Last four (4) digits of the **patient's Social Security Number**.

Examples:

Patient Information		Creating Unique Personal Identifier			
Full Name	Last 4 SS #	Composite 1	Composite 2	Composite 3	Derived as:
Joe Tan	1234	TAAN	JO	1234	TAANJO1234
Bill Su Jr.	4321	SUSU	BI	4321	SUSUBI4321
E John Smith	0987	SMTH	E_[blank]	0987	SMTHEE0987
Bob O'Brien	3456	OBEN	BO	3456	OBENBO3456
Sue Jones-Davis	unknown	JOIS	SU	0000	JOISSU0000

Codes and Values:

1. First and second components must have been UPPERCASE alphabetic characters. If the last name was less than four characters, the first two and the last two characters were used even if some characters were repeated.
2. Social Security Number component must have been numeric.

OUTPUT Edits on Element:

1. If Abortion or HIV Flag equals 'Y', this data element is redacted unless otherwise noted.

INPUT Edits on Element:

1. Each sub-field must have contained a valid entry.

SPARCS Outpatient Segment:**Primary Records****PATIENT SEGMENT**

Data Element Name: Enhanced Unique Personal Identifier
Record Position: 71-89
Record Position for Encrypted*: 3311-3354
Format – Length: Character - 19
Format Length for Encrypted*: Character - 44
Effective Date: Implemented June 2012 and added to years 1995 forward.
Contained In: De-Identified Data Set: NO
Limited Data Set: YES for Encrypted only; otherwise, NO.
Identifiable Data Set: YES
Deniable Data Element: Yes

**Enhanced Unique Personal Identifier is only available on the Limited Data Set as an Encrypted Data Element.*

Description:

A composite field composed of portions of the patient's last name, first name, social security number, the patient's date of birth, and the sex of the patient as recorded on the date of the admission or start of care. This field is designed to enhance matching criteria for individual patient records for longitudinal analysis without compromising the confidentiality of the record.

The source of the characters are:

Composite 1

Position 1-4: 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.

Composite 2

Position 5-6: First two (2) characters of the **patient's first name**.

Composite 3

Position 7-10: Last four (4) digits of the **patient's Social Security Number**.

Composite 4

Position 11-18: **patient's date of birth** as reported.

Composite 5

Position 19: **patient's sex** as reported.

Examples:

Patient Information				Creating Enhanced Unique Personal Identifier			
Full Name	Last 4 SS #	Date of Birth	Sex	Composite 1	Composite 2	Composite 3 + 4 +5	Derived as:
Joe Tan	1234	3/15/1991	M	TAAN	JO	123403151991M	TAANJO123403151991M
Bill Su Jr.	4321	1/7/1961	M	SUSU	BI	432101071961M	SUSUBI432101071961M
E John Smith	0987	6/26/1993	M	SMTH	EE	098706261993M	SMTHEE098706261993M
Bob O'Brien	3456	1/15/1951	M	OBEN	BO	345601151951M	OBENBO345601151951M
Sue Jones-Davis	unknown	11/3/1959	F	JOIS	SU	000011031959F	JOISSU000011031959F

Enhanced Unique Personal Identifier cont'd.

Codes and Values:

1. First and second components must have been UPPERCASE alphabetic characters. If the last name was less than four characters, the first two and the last two characters were used even if some characters were repeated
2. Social Security Number component must have been numeric. If no Social Security Number is available, this component must be zeros.
3. The patient's date of birth must be valid in accordance with the Date Edit Validation Table in [Appendix A](#), in the format: CCYYMMDD = Century Year Month Day.
4. The patient's sex must equal:
"M" = Male
"F" = Female
"U" = Unknown

Inpatient OUTPUT Edit:

1. If Abortion or HIV Flag equals 'Y', this data element is redacted unless otherwise noted.

INPUT Edits on Element:

1. Each sub-field must have contained a valid entry.
2. The patient's date of birth cannot have been after Admission Date/Start of Care.
3. For the patient's sex, there exists multiple relationship edits between Patient Sex and sex-specific diagnosis and procedure codes as defined by the ICD-9-CM reference file edit flags.

PATIENT SEGMENT

Data Element Name:	Patient Birth Date
Record Position:	90-97
Record Position for Encrypted*	3355 - 3376
Format – Length:	Character - 8
Format – Length for Encrypted*	Character - 22
Effective Date:	January 1, 1982
Contained In:	De-Identified Data Set: YES – Year only Limited Data Set: YES – Year and Month only Identifiable Data Set: YES
Deniable Data Element:	Yes

**The entire Patient Birth Date is available on the Limited Data Set as an Encrypted Data Element; otherwise it is only available with as the year and month.*

Description:

Date of patient's birth.

Codes and Values:

1. Format must have been CCYYMMDD = Century Year Month Day
(Example: 19591103).
2. Must have been a valid date in accordance with the Date Edit Validation Table in [Appendix A](#).

OUTPUT Edits on Element:

1. If Abortion or HIV Flag equals 'Y', this data element is redacted unless otherwise noted.
2. Age, calculated as the difference between Patient Birth Date and Admission Date/Start of Care, must be than 125 years.

INPUT Edits on Element:

1. Cannot have been after Admission Date/Start of Care.
2. Must have equaled the patient's date of birth.

PATIENT SEGMENT

Data Element Name:	Age
Record Position:	98 - 100
Format – Length:	Number - 3
Effective Date:	January 1, 1982
Contained In:	De-Identified Data Set: YES - ≥ 90 , then equals 900 Limited Data Set: YES Identifiable Data Set: YES
Deniable Data Element:	No

Description:

Patient's age calculated as the difference in Admission Date/Start of Care and the Patient Birth Data.

Codes and Values:

1. Right justified, zero filled.
2. For a patient under one year, age = 000.

OUTPUT Edits on Element:

1. Derived by SPARCS based on Patient Birth Date and Admission Date/Start of Care.
2. For a patient over the age of 90, the age is will be = "900" on the de-identified file.

INPUT Edits on Element:

Not applicable. This is a derived data element.

PATIENT SEGMENT

Data Element Name:	Age in Days (for Newborn)
Record Position:	101-103
Format – Length:	Number - 3
Effective Date:	Implemented May 1, 2005 and added to all years' discharge records.
Contained In:	De-Identified Data Set: YES Limited Data Set: YES Identifiable Data Set: YES
Deniable Data Element:	No

Description:

Calculated age in days for all records with an age equal to 0, based on the Patient Birth Date and Admission Date/Start of Care.

Codes and Values:

1. Numeric value for patient under one year of age.

OUTPUT Edits on Element:

1. This is a derived field that is only for children less than one year old.

INPUT Edits on Element:

1. Not applicable. This is a derived data element.

PATIENT SEGMENT

Data Element Name:	Patient Sex
Record Position:	104
Format – Length:	Character - 1
Effective Date:	January 1, 1982
Contained In:	De-Identified Data Set: YES Limited Data Set: YES Identifiable Data Set: YES
Deniable Data Element:	No

Description:

The sex of the patient as recorded on Admission Date/Start of Care.

Codes and Values:

1. "M" = Male
"F" = Female
"U" = Unknown

OUTPUT Edits on Element:

None.

INPUT Edits on Element:

Not applicable.

SPARCS Outpatient Segment:**Primary Records****PATIENT SEGMENT**

Data Element Name:	Patient Race
Record Position:	105-106
Format – Length:	Character - 2
Effective Date:	January 1, 1982
Contained In:	De-Identified Data Set: YES Limited Data Set: YES Identifiable Data Set: YES
Deniable Data Element:	No

Description:

The code which best describes the patient's race.

Codes and Values:

1. For Discharges Prior to January 1, 2014
 - "01" = White
 - "02" = Black or African American
 - "03" = Native American or Alaskan Native
 - "04" = Asian
 - "05" = Native Hawaiian or Other Pacific Islander
 - "88" = Other Race
 - "99" = Unknown
2. For Discharges On or after January 1, 2014
 - "01" = White
 - "02" = African American (Black)
 - "03" = Native American (American Indian/Eskimo/Aleut)
 - "41" = Asian Indian
 - "42" = Chinese
 - "43" = Filipino
 - "44" = Japanese
 - "45" = Korean
 - "46" = Vietnamese
 - "49" = Other Asian
 - "51" = Native Hawaiian
 - "52" = Samoan
 - "53" = Guamanian or Chamorro
 - "59" = Other Pacific Islander
 - "88" = Other Race
 - "MR" = Multi-racial

OUTPUT Edits on Element:

1. These are derived data elements.

PATIENT SEGMENT

Data Element Name:	Patient Ethnicity
Record Position:	107
Format – Length:	Character - 1
Effective Date:	January 1, 1986
Contained In:	De-Identified Data Set: YES Limited Data Set: YES Identifiable Data Set: YES
Deniable Data Element:	No

Description:

The code which best describes the patient's ethnicity.

Codes and Values:

1. For Discharges Prior to January 1, 2014
 - "1" = Spanish/Hispanic Origin
 - "2" = Not of Spanish/Hispanic Origin
 - "9" = Unknown
2. For Discharges On or after January 1, 2014
 - "2" = Not of Spanish/Hispanic Origin
 - "3" = Mexican, Mexican American, Chicano/a
 - "4" = PuertoRican
 - "5" = Cuban Origin
 - "6" = Other Spanish/Hispanic Origin
 - "9" = Unknown
 - "M" = Multi-ethnic

OUTPUT Edits on Element:

1. Depending upon which segment is used to report this data element, it may be translated to the above values for consistency.

PATIENT SEGMENT

Data Element Name:	Patient Address Line 1
Record Position:	108-125
Record Position for Encrypted*:	3377 - 3420
Format – Length:	Character - 18
Format – Length for Encrypted*:	Character - 44
Effective Date:	January 1, 1982
Contained In:	De-Identified Data Set: NO Limited Data Set: YES for Encrypted only; otherwise, NO. Identifiable Data Set: YES
Deniable Data Element:	Yes

**Patient Address Line 1 is only available on the Limited Data Set as an Encrypted Data Element.*

Description:

The mailing address of the patient's principal residence at the time of Admission Date/Start of Care>. Can be reflected as a street number, post office box number or RFD.

Codes and Values:

1. 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.
For reference there are also standard abbreviations listed in Appendix E - Address Abbreviations.
2. Homeless patients may be coded as "HOMELESS".
3. Left justified and space filled.

OUTPUT Edits on Element:

1. If Abortion or HIV Flag equals 'Y', this data element is redacted unless otherwise noted.

INPUT Edits on Element:

1. Must be entered.
2. Facilities were instructed to use standard abbreviations from the United States Postal Services (as listed above).

PATIENT SEGMENT

Data Element Name:	Patient Address Line 2
Record Position:	126-143
Record Position for Encrypted*:	3421 - 3464
Format – Length:	Character - 18
Format – Length for Encrypted*:	Character - 44
Effective Date:	January 1, 1994
Contained In:	De-Identified Data Set: NO Limited Data Set: YES for Encrypted only; otherwise, NO. Identifiable Data Set: YES
Deniable Data Element:	Yes

**Patient Address Line 2 is only available on the Limited Data Set as an Encrypted Data Element.*

Description:

Continuation of the mailing address of the patient's principal residence at the time of Admission Date/Start of Care

Codes and Values:

1. 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.

For reference there are also standard abbreviations listed in Appendix E - Address Abbreviations.
2. If this data element was not applicable, it contains blanks.

OUTPUT Edits on Element:

1. If Abortion or HIV Flag equals 'Y', this data element is redacted unless otherwise noted.

INPUT Edits on Element:

1. Must be a valid entry.
2. If this field was not applicable, it must be blank.

PATIENT SEGMENT

Data Element Name:	Patient City
Record Position:	144-158
Format – Length:	Character - 15
Effective Date:	January 1, 1982
Contained In:	De-Identified Data Set: NO Limited Data Set: YES Identifiable Data Set: YES
Deniable Data Element:	No

Description:

The name of the city, town or village in which the patient's principal residence is located at the time of Admission Date/Start of Care

Codes and Values:

1. Facilities are instructed to use the standard city, town or village names approved by the U.S. Postal Service for mailing purposes.
2. Homeless patients are coded as "HOMELESS".

OUTPUT Edits on Element:

1. If Abortion Flag equals 'Y', this data element is redacted, unless otherwise noted.

INPUT Edits on Element:

1. Must be entered.

PATIENT SEGMENT

Data Element Name:	Patient State
Record Position:	159-160
Format – Length:	Character - 2
Effective Date:	January 1, 1982
Contained In:	De-Identified Data Set: YES Limited Data Set: YES Identifiable Data Set: YES
Deniable Data Element:	No

Description:

The capitalized two-letter abbreviation for the state in which the patient's principal residence is located at the time of Admission Date/Start of Care, including US Territories, Commonwealths and Canadian Provinces.

Codes and Values:

1. Must have been 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 or Canada.

OUTPUT Edits on Element:

None.

INPUT Edits on Element:

1. Must be entered.

PATIENT SEGMENT

Data Element Name:	Patient Postal Service Zip Code and Extension Code
Record Position:	161-169
Record Position for Encrypted*:	3465 - 3486
Format – Length:	Character - 9
Format – Length for Encrypted*:	Character - 22
Effective Date:	January 1, 1982
Contained In:	De-Identified Data Set: Only the first three digits of the zip code if the population is greater than 20,000, otherwise blank Limited Data Set: YES; Extension - NO Identifiable Data Set: YES; Extension - YES
Deniable Data Element:	No: 5-digit zip code Yes: Extension Zip Code

** Patient Postal Service Zip Code Extension Code (four digits) is only available on the Limited Data Set as an Encrypted Data Element.*

Description:

The Zip Code (five digits) and Extension Code (four digits) assigned by the U.S. Postal Service to the patient's principal residence at the time of Admission Date/Start of Care.

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 have been left-justified and containing no embedded blanks. In cases where only a five-digit code was entered, the remaining four positions must be space filled.
3. "XXXXXX" = Unknown
"YYYYY" = Foreign Country (other than Canada)
4. See Appendix F for Zip/County Code Edit Validation Table

OUTPUT Edits on Element:

1. When the Abortion Indicator or HIV Flag is equal to 'Y' only the first three digits of the zip code are released if the population is greater than 20,000, else redacted.
2. When the Abortion Indicator or HIV Flag is equal to 'Y', the Zip Code Extension is redacted, unless otherwise noted.

INPUT Edits on Element:

1. A minimum of a five-digit zip code is required for United States residences.
2. Must have been a valid code for the Patient County Code assigned to the patient's principal residence in accordance with the Zip/County Code Edit Validation Table in Appendix F.
3. If Patient Postal Service Zip Code was "10000"- "14999" or "06390", Patient State must have equaled "NY", and Patient County Code must have been "01"- "62" or "99".
4. Must be entered.

PATIENT SEGMENT

Data Element Name:	Patient County Code
Record Position:	170-171
Format – Length:	Number - 2
Effective Date:	January 1, 1982
Contained In:	De-Identified Data Set: NO Limited Data Set: YES Identifiable Data Set: YES
Deniable Data Element:	No

Description:

The code assigned to the county where the patient's principal residence is located at the time of Admission Date/Start of Care.

Codes and Values:

1. 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

OUTPUT Edits on Element:

1. If Abortion Flag equals ‘Y’, this data element is redacted, unless otherwise noted.

INPUT Edits on Element:

1. Must have been a valid county code for the Patient Postal Service Zip Code assigned to the patient's principal residence. If not, the record would have been rejected.
2. Must have been compatible with Patient State. If the Patient County Code is in New York State (01-62), then Patient State must equal “NY”.
3. A valid two-digit code in accordance with the Zip/County Code Edit Validation Table in Appendix F.
4. If a Patient County Code was outside New York State (88), Patient State must NOT have equaled "NY”.

PATIENT SEGMENT

Data Element Name:	SPARCS Region Code
Record Position:	172-173
Format – Length:	Character - 2
Effective Date:	January 1, 1982
Contained In:	De-Identified Data Set: NO Limited Data Set: YES Identifiable Data Set: YES
Deniable Data Element:	No

Description:

Based upon county of the facility, this is a geographical subdivision of the State of New York as assigned by SPARCS. Currently there are eleven regions. For the list of regions by county see NYS County/Region/HSA Table in [Appendix U](#).

Codes and Values:

1. A two digit number between 01 and 11.

OUTPUT Edits on Element:

1. If Abortion Flag equals “Y”, this data element is redacted, unless otherwise noted.

INPUT Edits on Element:

Not applicable. This is a derived data element.

NEWBORN SEGMENT

Data Element Name:	Newborn Flag
Record Position:	174
Format – Length:	Character - 1
Effective Date:	Implemented May 2005 and added to all years' discharge.
Contained In:	De-Identified Data Set: YES Limited Data Set: YES Identifiable Data Set: YES
Deniable Data Element:	No

Description:

A flag to indicate the patient's newborn status as determined by the first characters of the Principal/Primary Diagnosis Code.

Codes and Values:

1. "0" = not a newborn
"1" = newborn
"2" = one of multiple newborns

OUTPUT Edits on Element:

These categories are intended for the coding of liveborn infants who are utilizing health care .

1. "V30" = Single liveborn
Specifically: 'V300', 'V301', 'V3000', or 'V3001'
2. "V31" = Twin, mate liveborn
"V32" = Twin, mate stillborn
"V33" = Twin, unspecified
"V34" = Other multiple, mates all liveborn
"V35" = Other multiple, mates all stillborn
"V36" = Other multiple, mates live and stillborn
"V37" = Other multiple, unspecified
"V39" = Unspecified
Specifically: 'V310', 'V311', 'V320', 'V321', 'V330', 'V331', 'V340', 'V341', 'V350', 'V351', 'V360', 'V361', 'V370', 'V371', 'V3100', 'V3101', 'V3200', 'V3201', 'V3300', 'V3301', 'V3400', 'V3401', 'V3500', 'V3501', 'V3600', 'V3601', 'V3700', 'V3701'

Note:

The following four-digit sub-divisions are for use with categories V30-V39:

- "0" – Born in hospital
 - "1" – Born before admission to hospital
 - "2" – Born outside hospital and not hospitalized
- Example: V30.x*

The following two fifth-digits are for use with the forth-digit .0, Born in hospital:

“0” – delivered without mention of cesarean section

“1” – delivered by cesarean delivery

Example: V30.xx

OUTPUT Edits on Element:

None.

INPUT Edits on Element:

Not applicable. This is a derived data element.

FACILITY SEGMENT

Data Element Name:	Facility Identifier (<i>previously SPARCS Identification Number</i>)
Record Position:	175 - 180
Format – Length:	Character - 6
Effective Date:	January 1, 1982
Contained In:	De-Identified Data Set: YES Limited Data Set: YES Identifiable Data Set: YES
Deniable Data Element:	No

Description:

The number is assigned by the Department of Health upon certification. It is a six-digit Facility Identifier used for a specific physical building location. This was previously referred to as the Permanent Facility Identifier (PFI) or SPARCS Identification Number. Department regulations stipulate 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. A six-digit number.
2. A valid number as maintained by the NYSDOH Division of Health Facility Planning.

OUTPUT Edits on Element:

1. If Abortion Flag equals 'Y', this data element is redacted, unless otherwise noted.

INPUT Edits on Element:

1. Must have been a valid entry.

FACILITY SEGMENT

Data Element Name:	Facility Identifier Check Digit
Record Position:	181
Format – Length:	Character - 1
Effective Date:	January 1, 1982
Contained In:	De-Identified Data Set: YES Limited Data Set: YES Identifiable Data Set: YES
Deniable Data Element:	No

Description:

Upon submission, the Facility Identifier Check Digit follows the Facility Identifier Number and is used to facilitate editing during the SPARCS input process. The facility identifier check digit is used for internal control purposes.

Codes and Values:

1. A numeric value from 0-9.

OUTPUT Edits on Element:

None.

INPUT Edits on Element:

1. The edit on the Facility Identifier Check Digit is based on its' relationship to the submitted Facility Identifier. If the check digit is incorrect, the submission will fail.

Note: The Facility Identifier Check Digit is assigned by the SPARCS Administrative Unit.

FACILITY SEGMENT

Data Element Name:	Facility Name
Record Position:	182 - 251
Format – Length:	Character - 70
Effective Date:	Implemented May, 2005 and added to all years' discharge records.
Contained In:	De-Identified Data Set: YES Limited Data Set: YES Identifiable Data Set: YES
Deniable Data Element:	No

Description:

The name of the facility where services were performed based on the Facility Identifier, previously referred to as the Permanent Facility Identifier (PFI). This name is maintained by the NYSDOH Division of Health Facility Planning.

Note: This data element contains the current Facility Name as of the update date of this record. It is not specific to discharge year.

Codes and Values:

1. Valid Facility Name.

OUTPUT Edits on Element:

1. If Abortion Flag equals 'Y', this data element is redacted, unless otherwise noted.

INPUT Edits on Element:

Not applicable. This is an assigned data element.

FACILITY SEGMENT

Data Element Name:	Health Service Area
Record Position:	252
Format – Length:	Number - 1
Effective Date:	Implemented May 2005 and added to all years' discharge records.
Contained In:	De-Identified Data Set: YES Limited Data Set: YES Identifiable Data Set: YES
Deniable Data Element:	No

Description:

Based upon county of the facility, this is a geographical subdivision of the State of New York as assigned by SPARCS.. For the list of Health Service Areas (HSA) by county see NYS County/Region/HSA Table in [Appendix U](#).

Codes and Values:

1. A one digit number between 1 and 8. See Appendix U.

OUTPUT Edits on Element:

1. If Abortion Flag equals 'Y', this data element is redacted, unless otherwise noted.

INPUT Edits on Element:

Not applicable.

FACILITY SEGMENT

Data Element Name:	Facility County (<i>previously Hospital County</i>)
Record Position:	253-254
Format – Length:	Number - 2
Effective Date:	Implemented in May 2005 and added to all years' discharge records.
Contained In:	De-Identified Data Set: YES Limited Data Set: YES Identifiable Data Set: YES
Deniable Data Element:	No

Description:

The county in which the health care facility is located. For the list of county codes see NYS County/Region/HSA Table in [Appendix U](#).

Codes and Values:

1. Values are located in Appendix U – NYS County/Region/HSA Table.
2. A valid two-digit numeric code.

OUTPUT Edits on Element:

1. If Abortion Flag equals 'Y', this data element is redacted, unless otherwise noted.

INPUT Edits on Element:

Not applicable. This is an assigned data element.

FACILITY SEGMENT

Data Element Name:	Operating Certificate Number
Record Position:	255 - 261
Format – Length:	Number - 7
Effective Date:	Implemented May 2005 and added to all years' discharge records.
Contained In:	De-Identified Data Set: YES Limited Data Set: YES Identifiable Data Set: YES
Deniable Data Element:	No

Description:

The number assigned by the Department of Health Division of Health Facility Planning.

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

Note: This data element contains the Operating Certificate Number current to the update date of this record. It is not specific to discharge year.

Codes and Values:

1. Maintained by the Health Facility Information Systems (HFIS), in the Division of Health Facility Planning. The Operating Certificate Numbers are available on the Health Commerce System, under the HFIS application.
2. A valid number as maintained by the NYSDOH Division of Health Facility Planning.

OUTPUT Edits on Element:

1. If Abortion Flag equals 'Y', this data element is redacted, unless otherwise noted.

INPUT Edits on Element:

1. Not applicable. This is an assigned data element.

FACILITY SEGMENT

Data Element Name:	National Provider ID
Record Position:	262-271
Format – Length:	Number - 10
Effective Date:	January 1, 2011
Contained In:	De-Identified Data Set: YES Limited Data Set: YES Identifiable Data Set: YES
Deniable Data Element:	No

Description:

Released if reported.

The unique identification number assigned to the provider submitting the bill. Required for billing providers in the United States and its territories on/after the mandated HIPAA National Provider Identifier (NPI) implementation date (2004). Required when reporting to Centers for Medicare and Medicaid Services.

Codes and Values:

1. Equals facility's National Provider ID (NPI)
2. Prior to HIPAA implementation, payers assigned identification numbers to providers.

OUTPUT Edits on Element:

1. If Abortion Flag equals 'Y', this data element is redacted unless otherwise noted.

INPUT Edits on Element:

Not collected at this time.

Note: The NPI is ten numeric characters in length.

PHYSICIAN SEGMENT

Data Element Name:	Attending Provider State License Number
Record Position:	272-279
Format – Length:	Character - 8
Effective Date:	January 1, 1982
Contained In:	De-Identified Data Set: YES Limited Data Set: YES Identifiable Data Set: YES
Deniable Data Element:	Yes Restricted for selected records (<i>See Appendix Z and TT</i>)

Description:

The professional license number, issued by the NYS Department of Education, is used to identify the physician or other health care professional primarily responsible for the care of the patient.

In some instances the health facility's policy may dictate that an Attending Provider 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. The third through eighth positions are the six digit NYS Education Department license number.

OUTPUT Edits on Element:

1. If Abortion Flag equals 'Y', this data element is redacted, unless otherwise noted.

INPUT Edits on Element:

1. Must have been valid numerically for category range of entry.
Example: Physician must have first 2 digits "00", and the valid range is between 00000001-00300000 and 00900000-00999999.
2. For physicians, license number is validated against the NYS Education Department license file.

PHYSICIAN SEGMENT

Data Element Name:	Operating Physician State License Number
Record Position:	280 - 287
Format – Length:	Character - 8
Effective Date:	January 1, 1982
Contained In:	De-Identified Data Set: YES Limited Data Set: YES Identifiable Data Set: YES
Deniable Data Element:	Yes Restricted for selected records (<i>See Appendix Z and TT</i>)

Description:

The professional license number, issued by the NYS Department of Education, used to identify the physician or other health care professional who performed the principal procedure.

Note: Hospital policy may dictate which physician license number will be used for this data element. In some instances hospital policy may dictate that an Attending Provider or chief of surgery may be assigned to any number of patients who may not have a primary care giver.

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. The third through eighth positions are the six digit NYS Education Department license number.

OUTPUT Edits on Element:

1. If Abortion Flag equals 'Y', this data element is redacted, unless otherwise noted.

INPUT Edits on Element:

1. Must have been valid numerically for category range of entry.
Example: Physician must have first 2 digits "00", and the valid range is between 00000001-00300000 or 00900000-00999999.
2. If the Operating Physician State License Number was entered, the Principal Procedure Code and the Principal Procedure Date must have also been reported.

PHYSICIAN SEGMENT

Data Element Name:	Other Operating Physician State License Number
Record Position:	288 - 295
Format – Length:	Character - 8
Effective Date:	January 1, 1982
Contained In:	De-Identified Data Set: YES Limited Data Set: YES Identifiable Data Set: YES
Deniable Data Element:	Yes Restricted for selected records (<i>See Appendix Z and TT</i>)

Description:

The professional license number, issued by the NYS Department of Education, used to identify the physician or other health care professional (other than the Attending Provider or Operating Physician) who was involved in the patient's care or treatment (i.e., consulting physician, second operating physician, nurse/midwife, etc.).

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. The third through eighth positions are the six digit NYS Education Department license number

OUTPUT Edits on Element:

1. If Abortion Flag equals 'Y', this data element is redacted, unless otherwise noted.

INPUT Edits on Element:

1. If reported, must have been valid numerically for category range of entry.
Example: Physician must have first 2 digits "00", and the valid range is between 00000001-00300000 and 00900000-00999999.

PAYER SEGMENT

Data Element Name:	Source of Payment Typology I
Record Position:	296 - 300
Format – Length:	Number - 5
Effective Date:	July 1, 2009
Contained In:	De-Identified Data Set: YES Limited Data Set: YES Identifiable Data Set: YES
Deniable Data Element:	No

Description:

Source of Payment Typology I (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. Facilities are directed to report the expected payer using the greatest level of detail without sacrificing accuracy.

Facilities with Managed Care Plans (MCPs) are directed to concentrate on the variety of Managed Care Plans (HMO and PPO), as well as, the funding for these MCPs (i.e. Medicare, Medicaid, etc.).

The code set is maintained by the Public Health Care Data Consortium (www.phdsc.org)

Codes and Values:

1. A valid code in accordance with the Source of Payment Typology Codes in Appendix P.

OUTPUT Edits on Element:

None.

INPUT Edits on Element:

1. Source of Payment Typology I must have been entered.
2. Must have been left justified and space-filled right.
3. Medicaid and Medicare payers must be reported with a minimum of two digits from the typology. That is when:

X12 Source of Payment (aka Claim Filing Indicator) is Reported as:	SoP I must be:
16, MA, MB	1xxx
MC	2xxx

PAYER SEGMENT

Data Element Name:	Source of Payment Typology II
Record Position:	301 - 305
Format – Length:	Number - 5
Effective Date:	July 1, 2009
Contained In:	De-Identified Data Set: YES Limited Data Set: YES Identifiable Data Set: YES
Deniable Data Element:	No

Description:

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. Facilities are directed to report the expected payer using the greatest level of detail without sacrificing accuracy. Facilities with Managed Care Plans (MCPs) are directed to concentrate on the variety of Managed Care Plans (HMO and PPO), as well as the funding for these MCPs (Medicare, Medicaid, etc.).

The code set is maintained by the Public Health Care Data Consortium (www.phdsc.org).

Codes and Values:

1. A valid code in accordance with the Source of Payment Typology Codes in Appendix P.

OUTPUT Edits on Element:

None.

INPUT Edits on Element:

1. If entered, Source of Payment Typology II must have been a valid code.
2. Must have been left justified and space-filled right.

PAYER SEGMENT

Data Element Name:	Source of Payment Typology III
Record Position:	306 - 310
Format – Length:	Number - 5
Effective Date:	July 1, 2009
Contained In:	De-Identified Data Set: YES Limited Data Set: YES Identifiable Data Set: YES
Deniable Data Element:	No

Description:

Source of Payment Typology III (SoP III) 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. Facilities are directed to report the expected payer using the greatest level of detail without sacrificing accuracy. Facilities with Managed Care Plans (MCPs) are directed to concentrate on the variety of Managed Care Plans (HMO and PPO), as well as the funding for these MCPs (Medicare, Medicaid, etc.).

The code set is maintained by the Public Health Care Data Consortium (www.phdsc.org).

Codes and Values:

1. A valid code in accordance with the Source of Payment Typology Codes in Appendix P.

OUTPUT Edits on Element:

None.

INPUT Edits on Element:

1. If entered, Source of Payment Typology III must have been a valid code.
2. Must have been left justified and space-filled right.

SPARCS Outpatient Segment:**Primary Records****PAYER SEGMENT**

Data Element Name:

Source of Payment 1-6

Record Position:

Data Element	Record Position	Data Element	Record Position
Source of Payment 1	311	Source of Payment 4	383
Source of Payment 2	335	Source of Payment 5	407
Source of Payment 3	359	Source of Payment 6	431

Format – Length:

Character - 1

Effective Date:

January 1, 1994

Contained In:

De-Identified Data Set: YES

Limited Data Set: YES

Identifiable Data Set: YES

Deniable Data Element:

No

Description:

The code which indicates the type of payment for this visit.

Codes and Values:

- | | |
|---------------------------|-------------------------------|
| 1. "A"=Self-Pay | "G"=Blue Cross |
| "B"=Workers' Compensation | "H"=CHAMPUS |
| "C"=Medicare | "I"=Other Non-Federal Program |
| "D"=Medicaid | "J"= Disability |
| "E"=Other Federal Program | "K"= Title V |
| "F"=Insurance Company | "L"= Unknown |

OUTPUT Edits on Element:

- The following table details reported values for Claim Filing Indicator and how they are grouped in the Source of Payment on the Output File:

Output- Source of Payment	Input - Claim Filing Indicator
A – Self Pay	09 – Self Pay
B – Workers' Compensation	WC – Workers' Compensation Health Claim
C – Medicare	16 – Health Maintenance Organization (HMO) Medicare Risk
	MA – Medicare Part A
	MB – Medicare Part B
D – Medicaid	MC – Medicaid
E – Other Federal Program	FI – Federal Employees Program
	OF – Other Federal Program
	VA – Veterans' Affairs Plan
F –Insurance Company	12 – Preferred Provider Organization (PPO)
	13 – Point of Service
	14 – Exclusive Provider Organization (EPO)
	15 – Indemnity Insurance
	17 – Dental Maintenance Organization
	AM – Automobile Medical
	CI – Commercial Insurance Co.
	HM – Health Maintenance Organization
LM – Liability Medical	
G – Blue Cross	BL – Blue Cross
H- CHAMPUS	CH – CHAMPUS
I – Other Non-Federal Program	11 – Other Non-Federal Programs
J – Disability	DS – Disability
K – Title V	TV – Title V
L – Unknown	ZZ – Mutually Defined/Type of Insurance Unknown

INPUT Edits on Element:

1. For all payers, Source of Payment Code, Covered Days and Non-Covered Days are required.
2. The table below indicates the additional data items that are required, depending on the value in the Claim Filing Indicator.

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, 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 Code reported this edit applies:

Medicaid and Medicare payers must be reported with a minimum of two digits from the typology. That is when:

Claim Filing Indicator is Reported as:	SoP I must be:
16, MA, MB	1xxx
MC	2xxx

SPARCS Outpatient Segment:**Primary Records****PAYER SEGMENT**

Data Element Name: Claim Filing Indicator Code 1-6

Record

Position:

Data Element	Record Position	Data Element	Record Position
Claim Filing Indicator 1	312-313	Claim Filing Indicator 4	384-385
Claim Filing Indicator 2	336-337	Claim Filing Indicator 5	408-409
Claim Filing Indicator 3	360-361	Claim Filing Indicator 6	432-433

Format – Length: Character - 2

Effective Date: January 1, 1994

Contained In: De-Identified Data Set: YES

Limited Data Set: YES

Identifiable Data Set: YES

Deniable Data Element: No

Description:

The code which indicates the type of payment for this occurrence.

Codes and Values:**1. Codes and Values: (Bolded codes added 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

OUTPUT Edits on Element:

None.

INPUT Edits on Element:

1. For all payers, Source of Payment Code, Covered Days and Non-Covered Days are required.
2. The table below indicates the additional data items that are required, depending on the value in the Claim Filing Indicator Code/Source of Payment.

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, 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:
 Medicaid and Medicare payers must be reported with a minimum of two digits from the typology. That is when:

Claim Filing Indicator is Reported as:	SoP I must be:
16, MA, MB	1xxx
MC	2xxx

SPARCS Outpatient Segment:**Primary Records****PAYER SEGMENT**

Data Element Name:

Payer ID Number 1-6

Record Position:

Data Element	Record Position	Data Element	Record Position
Payer ID 1	314-321	Payer ID 4	386-393
Payer ID 2	338-345	Payer ID 5	410-417
Payer ID 3	362-369	Payer ID 6	434-441

Format – Length:

Character - 8

Effective Date:

January 1, 1982

Contained In:

De-Identified Data Set: YES

Limited Data Set: YES

Identifiable Data Set: YES

Deniable Data Element:

No

Description:

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

Typically, the Primary payer is in the first sequence, and subsequent payers are in sequences 2-6.

Codes and Values:

1. Facilities were directed to enter values using the following:

<u>Payer</u>	<u>Type of Number</u>
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 was not applicable it must have been blank.

OUTPUT Edits on Element:

None.

INPUT Edits on Element:

1. If Source of Payment Code was 12, 16, CI, BL, HM, MA, MB, MC, then Other Payer Identification should have been reported.
2. If Source of Payment Typology (SoP) was 21xxx (Medicaid Managed Care), then Payer Identification Number should have equaled a value from Appendix O.

PAYER SEGMENT

Data Element Name:

Billing National Provider Identification
Number (NPI) 1-6 (*previously Provider ID*)

Record Position:

Data Element	Record Position	Data Element	Record Position
Billing NPI 1	322-334	Billing NPI 4	394-406
Billing NPI 2	346-358	Billing NPI 5	418-430
Billing NPI 3	370-382	Billing NPI 6	442-454

Format – Length:

Character - 13

Effective Date:

January 1, 1982

Contained In:

De-Identified Data Set: YES

Limited Data Set: YES

Identifiable Data Set: YES

Deniable Data Element:

No

Description:

The unique identification number assigned to the provider submitting the bill. Required for billing providers in the United States and its territories on/after the mandated HIPAA National Provider Identifier (NPI) implementation date (2004). Required when reporting to Centers for Medicare and Medicaid Services.

Codes and Values:

1. Equals facility's National Provider ID (NPI) after the HIPAA implementation.
2. Prior to HIPAA implementation (before 2004) the payer associated with the provider submitting the bill assigned the ID number. .
3. Must have been left justified with no embedded blanks and space filled.

OUTPUT Edits on Element:

None.

INPUT Edits on Element:

1. Must have been a valid entry if Source of Payment Code was Medicare, Medicaid, or Blue Cross.

PAYER SEGMENT

Data Element Name:	Expected Principal Reimbursement
Record Position:	455-456
Format – Length:	Character - 2
Effective Date:	January 1, 1982
Contained In:	De-Identified Data Set: YES Limited Data Set: YES Identifiable Data Set: YES
Deniable Data Element:	No

Description:

The code which identifies the payer expected to pay the **major** portion of the patient's bill. The Medicare and Medicaid HMO payer codes were used when the HMO responsible for payment received the reimbursement from one of the respective payers for the patient. If this information was not available from the patient's insurance card or from the admittance interview, the Other HMO payer code was used.

Codes and Values:

1. Must have been a valid code in accordance with the Expected Reimbursement Codes in [Appendix D](#).

OUTPUT Edits on Element:

None.

INPUT Edits on Element:

1. After October 1, 1995, based on the NYS Department of Health Memorandum (Health Facilities Series: H4 95-7) issued on May 1, 1995, all edits pertaining to ICD-9-CM codes were validated on the basis of the Statement Covers Period – Through Date (Discharge Date). The edit application reflects the yearly updating of the ICD-9-CM codes. The ICD-9-CM annual updates are effective on October 1st of each year.

PAYER SEGMENT

Data Element Name:	Medicaid Rate Code
Record Position:	457-460
Format – Length:	Character - 4
Effective Date:	January 1, 2011
Contained In:	De-Identified Data Set: YES Limited Data Set: YES Identifiable Data Set: YES
Deniable Data Element:	No

Description:

The Medicaid Rate Code which identifies the service being paid. These are used only for claims paid for by Medicaid (fee-for-service and managed care). This code is only collected for outpatient services (i.e. not collected for emergency department or ambulatory surgery).

Note: This data element is only available on Outpatient Services File.

Codes and Values:

1. Values for the Medicaid Rate Code are found in [Appendix OO](#).
2. If this field was not applicable, it must contain blanks.

OUTPUT Edits on Element:

None.

INPUT Edits on Element:

1. Must have been a valid entry.

DATA COLLECTION SEGMENT

Data Element Name:	Log Number
Record Position:	461-466
Format – Length:	Number - 6
Effective Date:	January 1, 1982
Contained In:	De-Identified Data Set: YES Limited Data Set: YES Identifiable Data Set: YES
Deniable Data Element:	No

Description:

The sequential number assigned by SPARCS that identifies the submission to which the record belonged.

Codes and Values:

1. Must be an assigned number between 000001 and 999999.

OUTPUT Edits on Element:

Not Applicable.

INPUT Edits on Element:

1. No edit applied. Number assigned sequentially at the time of successful file submission.

Note:

Facilities may submit multiple files within a submission month for varying discharge months.

DATA COLLECTION SEGMENT

Data Element Name: Transaction Code
 Record Position: 467
 Format – Length: Character - 1
 Effective Date: January 1, 1982
 Contained In: De-Identified Data Set: YES
 Limited Data Set: YES
 Identifiable Data Set: YES
 Deniable Data Element: No

Description:

This code is used for processing records into the SPARCS Master File. The Transaction Code comes from the third digit of the 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:

1. Code	Value	Type of Bill
"1"	Delete	Third position code "8"
"2"	Add	Third position code "1"
"3"	Correction	Third position code "7"

OUTPUT Edits on Element:

None.

INPUT Edits on Element:

1. The following values are collected at intake:

Claim Transaction Type	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". 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".

2. Must have been entered. If not, the record would have been rejected.
3. Must have been a valid value. If not, the record would have been rejected.

DATA COLLECTION SEGMENT

Data Element Name:	Date Processed
Record Position:	468-475
Format – Length:	Character - 8
Effective Date:	January 1, 1982
Contained In:	De-Identified Data Set: YES Limited Data Set: YES Identifiable Data Set: YES
Deniable Data Element:	No

Description:

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

Codes and Values:

1. Equals the actual date of the Transaction Set Creation.
2. Should be in the format CCYYMMDD.
3. Should be date in accordance with the Date Edit Validation Table in [Appendix A](#).

OUTPUT Edits on Element:

None.

INPUT Edits on Element:

Not applicable. This is a derived data element.

DATA COLLECTION SEGMENT

Data Element Name:	SPARCS Collector Code
Record Position:	476-478
Format – Length:	Number – 3
Effective Date:	January 1, 1982
Contained In:	De-Identified Data Set: YES Limited Data Set: YES Identifiable Data Set: YES
Deniable Data Element:	No

Description:

The three-digit identification number used to identify the hospital or vendor (data collector) submitting the data. Not to be confused with the Facility Identification Number. This code is used to identify the data submitter. If the data submitter is a vendor, an approved vendor agreement form has been signed and registered by SPARCS. The agreement form is an annual agreement between the vendor and facility that allows the vendor to submit SPARCS data on behalf of the facility.

Codes and Values:

1. Equals SPARCS Collector Code.

OUTPUT Edits on Element:

None.

INPUT Edits on Element:

1. A valid SPARCS collector code in accordance with the SPARCS Facility Profile Reference File maintained by the SPARCS Administrative Unit.
2. Must correspond with the approved Facility Identifier.

DATA COLLECTION SEGMENT

Data Element Name:	Claim Type
Record Position:	479
Format – Length:	Character - 1
Effective Date:	January 1, 2011 and added to all years' discharge records.
Contained In:	De-Identified Data Set: YES Limited Data Set: YES Identifiable Data Set: YES
Deniable Data Element:	No

Description:

Claim Type is used to help define the data sets collected. SPARCS collects two data files from facilities: Inpatient and Outpatient. When processing the two different files collected, several data elements (Type of Bill and Revenue Code) are used to distinguish data types.

Codes and Values:

1. "A" = "Ambulatory Surgery Services"
"E" = "Emergency Department Services"
"O" = "Outpatient Services"

OUTPUT Edits on Element:

1. These values are based on the following groupings of revenue codes:

"A" = Revenue Codes:

0360	Operating Room Services
0362	Operating Room Services
0369	Operating Room Services
0481	Cardiology
0490	Ambulatory Surgery
0499	Ambulatory Surgery
0750	Gastro-Intestinal Services
0790	Lithotripsy

"E" = Revenue Codes:

0450	General Classification of ER
0451	EMTALA Emergency Medical Screening
0452	ER Beyond EMTALA
0456	Urgent Care ER/Urgent
0459	Other Emergency Room

"O" = None of the above Revenue Codes

INPUT Edits on Element:

Not applicable. This is a derived data element.

DATA COLLECTION SEGMENT

Data Element Name:	Source File Type (Complete/Incomplete)
Record Position:	480
Format – Length:	Number - 1
Effective Date:	Implemented May 1, 2005 and added to all year's files.
Contained In:	De-Identified Data Set: YES Limited Data Set: YES Identifiable Data Set: YES
Deniable Data Element:	No

Description:

The type of source file from which this record originated. Pre-1994, SPARCS inpatient data was created by matching a patient's hospital information from two separate files: the Discharge Data Abstract File (DDA) and the Uniform Billing File (UBF). The Complete File contained patient DDAs matched to the patient's corresponding final bills (UBF). The Incomplete File was comprised of those records from the DDA file and UBF not contained in the Complete File. Starting in 1994, inpatient data was reported in single record (UDS format). As of January 1, 1994, all records are coded to a value of "C".

The Incomplete File contains:

- i. DDAs without any billing information
- ii. DDAs with an interim bill but not a final bill
- iii. Final bills with no DDA
- iv. Interim bills with no DDA

Codes and Values:

1. "C" = Complete file record (1994 – current year)
"I" = Incomplete file record (used before 1994)

OUTPUT Edits on Element:

1. This is a derived field.

INPUT Edits on Element:

Not applicable. This is a derived field.

MISCELLANEOUS SEGMENT

Data Element Name:	Residence Indicator
Record Position:	481
Format – Length:	Character - 1
Effective Date:	January 1, 1997
Contained In:	De-Identified Data Set: YES Limited Data Set: YES Identifiable Data Set: YES
Deniable Data Element:	No

Description:

Code indicates the residence status of a patient as either: HOMELESS at the time of discharge, or a Non-United States Resident.

Note: Patients discharged to a shelter are also categorized as HOMELESS.

Codes and Values:

- "H" = HOMELESS Patient
"F" = Non-United States Resident (Foreign Born)
- If not applicable this field contains blanks.

OUTPUT Edits on Element:

Derived data element based on "Condition Code".

INPUT Edits on Element:

- This data element is derived from "Condition Code", and created when Condition Code equaled:
"17" = Patient is Homeless
"25" = Patient is Non-United States (US) Resident
- If submitted, the record must have contained the appropriate "Condition Code".

MISCELLANEOUS SEGMENT

Data Element Name:	Procedure Time
Record Position:	482-484
Format – Length:	Character - 3
Effective Date:	January 1, 1982
Contained In:	De-Identified Data Set: YES Limited Data Set: YES Identifiable Data Set: YES
Deniable Data Element:	No

Description:

The total time in hours and minutes that the patient was 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”.
3. If not applicable this field contains blanks.

OUTPUT Edits on Element:

None.

INPUT Edits on Element:

1. Must equal Procedure Time.
2. The value is entered in the NTE fixed width segment requiring specific spacing.

MISCELLANEOUS SEGMENT

Data Element Name:	Accident Hour
Record Position:	485-486
Format – Length:	Character - 2
Effective Date:	January 1, 1994
Contained In:	De-Identified Data Set: YES Limited Data Set: YES Identifiable Data Set: YES
Deniable Data Element:	No

Description:

The hour when the accident occurred that necessitated medical treatment.

Codes and Values:

1. The Value Amount (Accident Hour) must be entered as a two-digit or four-digit number in accordance with [Appendix B](#).
2. If not applicable this field contains blanks.

OUTPUT Edits on Element:

None.

INPUT Edits on Element:

1. This is a derived data element from the “Value Code” and “Value Amount” data elements collected. This element was created when the corresponding Value Code was equal to:
“45” = Accident Hour.
2. If submitted, the record must have contained the appropriate time in accordance with Appendix B.

MISCELLANEOUS SEGMENT

Data Element Name:	Emergency Department Indicator
Record Position:	487
Format – Length:	Character - 1
Effective Date:	January 1, 2003
Contained In:	De-Identified Data Set: YES Limited Data Set: YES Identifiable Data Set: YES
Deniable Data Element:	No

Description:

The Emergency Department Indicator is based on the submitted revenue codes. If the record contained an Emergency Department revenue code of 045X, the indicator is set to "E", otherwise it will be blank.

This data element reflects a visit that had services in the Emergency Department that resulted in Inpatient stay.

Codes and Values:

1. "E" = Emergency Department Services indicated on record.

OUTPUT Edits on Element:

1. Derived data element based on the value of the Revenue Code.

INPUT Edits on Element:

1. Must be a valid Revenue Code.

Note:

Please see the Claim Type data element in relation to the Emergency Department Indicator data element.

In 2003 SPARCS started collecting all Emergency Department data on the Outpatient file. The information about the ED visit is *not* contained in the Inpatient Record.

TREATMENT SEGMENT

Data Element Name:	Statement From Date (<i>Previously Statement Covers Period From Date</i>)
Record Position:	488-495
Record Position for Encrypted*	3487 - 3508
Format – Length:	Number - 8
Format - Length	Number - 22
Effective Date:	January 1, 1982
Contained In:	De-Identified Data Set: YES – Year only Limited Data Set: YES – Year and Month Identifiable Data Set: YES
Deniable Data Element:	This field is composed of both non-deniable and deniable components. **The 2-digit day is identifiable and is ONLY present on the identifiable file. See Appendix Z for release restrictions.

**Statement From Date is available on the Limited Data Set as an Encrypted Data Element; otherwise it is available only with the Year and Month.*

Description:

The beginning date of the billing period. The “From” date should not be confused with the Admission Date. The “From” Date is the earliest date of service on the bill. It is not required that the Admission Date fall between the “From” Date and the Statement “Through” Date. The Statement Covers Period identifies the span of service dates included in a particular bill.

Codes and Values:

1. CCYYMMDD = Century Year Month Day
2. Must have been a valid date in accordance with the Date Edit Validation Table in [Appendix A](#).

OUTPUT Edits on Element:

1. If Abortion or HIV Flags equal ‘Y’, this data element is redacted unless otherwise noted.

INPUT Edits on Element:

1. Must have been on or before the Statement Thru Date.
2. Enter dates as century, year, month, and day (CCYYMMDD). For example: November 3, 2010 must be entered as: 20101103.

Notes:

1. The Admission Date is purely the date the patient was admitted 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.

Statement Covers Period From Date cont'd.

NUBC Examples of Correct Usage:

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.

TREATMENT SEGMENT

Data Element Name:	Statement Thru Date (<i>Previously Statement Covers Period Through Date</i>)
Record Position:	496 - 503
Record Position for Encrypted*	3509 - 3530
Format – Length:	Number - 8
Format – Length for Encrypted*	Number - 22
Effective Date:	January 1, 1982
Contained In:	De-Identified Data Set: YES – Year only Limited Data Set: YES – Year and Month Identifiable Data Set: YES
Deniable Data Element:	This field is composed of both non-deniable and identifiable components. **The 2-digit day is deniable and is ONLY present on the identifiable file. See Appendix Z for release restrictions.

** Statement Thru Date is available on the Limited Data Set as an Encrypted Data Element; otherwise it is available only with the Year and Month.*

Description:

The ending date of the billing period. The date when the patient was discharged from the hospital or death occurred.

Codes and Values:

1. CCYYMMDD = Century Year Month Day
2. Must have been valid date in accordance with the Date Edit Validation Table in [Appendix A](#).

OUTPUT Edits on Element:

1. If Abortion or HIV Flags equal 'Y', this data element is redacted unless otherwise noted.

INPUT Edits on Element:

1. Must have been on or before the 'Statement From Date'.
2. Multiple edits exist with this data element. When using the 'Statement Thru Date' to calculate 'Length of Stay', if the Neonate Birth Weight was reported as less than 1500 grams, and the 'Patient Discharge Status' was reported as code "01" home, then the 'Length of Stay' must have been greater than 10 days.

TREATMENT SEGMENT

Data Element Name:	Admission/Start of Care Date
Record Position:	504 - 511
Record Position for Encrypted*:	3531 - 3552
Format – Length:	Number - 8
Format – Length for Encrypted*:	Number - 22
Effective Date:	January 1, 1982
Contained In:	De-Identified Data Set: YES – Year only Limited Data Set: YES – Year and Month Identifiable Data Set: YES
Deniable Data Element:	This field is composed of both non-deniable and deniable components. **The 2-digit day is deniable and is ONLY present on the identifiable file. See Appendix Z for release restrictions.

**Admission/Start of Care Date is available on the Limited Data Set as an Encrypted Data Element; otherwise it is available only with the Year and Month.*

Description:

This is the date of the patient's admission to the hospital.

Codes and Values:

1. CCYYMMDD = Century Year Month Day
2. Must have been a valid date in accordance with the Date Edit Validation Table in [Appendix A](#).

OUTPUT Edits on Element:

1. Multiple edits exist with this data element in the Output file. The age, calculated as the difference between the 'Patient Birth Date' and the 'Admission /Start of Care Date' must have been less than 125 years.
2. When using the 'Admission/Start of Care Date' to calculate 'Length of Stay', if the 'Newborn Birth Weight' was reported as less than 1500 grams, and the 'Patient Discharge Status' was reported as code "01" home, then the 'Length of Stay' must have been greater than 10 days.
3. If Abortion or HIV Flags equal 'Y', this data element is redacted unless otherwise noted.

INPUT Edits on Element:

1. Must have been on or before 'Statement Thru Date'.
2. Must have been on or before the 'Date Processed'.
3. Must have been on or after the opening date, and on or before the closing date, of an Article 28 facility as specified in the SPARCS Facility Reference File maintained by the SPARCS Administrative Unit.

TREATMENT SEGMENT

Data Element Name:	Admit Weekday
Record Position:	512 - 514
Format – Length:	Character - 3
Effective Date:	Implemented May 1, 2005 and added to all years' files.
Contained In:	De-Identified Data Set: YES Limited Data Set: YES Identifiable Data Set: YES
Deniable Data Element:	No

Description:

The day of the week that the patient was admitted to the hospital.

Codes and Values:

1. "MON" = Monday
"TUE" = Tuesday
"WED" = Wednesday
"THU" = Thursday
"FRI" = Friday
"SAT" = Saturday
"SUN" = Sunday

OUTPUT Edits on Element:

1. This is a derived data element.

INPUT Edits on Element:

None.

TREATMENT SEGMENT

Data Element Name:	Admission Hour
Record Position:	515 - 516
Format – Length:	Number - 2
Effective Date:	January 1, 1980
Contained In:	De-Identified Data Set: YES Limited Data Set: YES Identifiable Data Set: YES
Deniable Data Element:	No

Description:

The hour during which the patient was admitted for inpatient care.

Codes and Values:

1. Must have been right justified and zero filled.
2. HHMM = Hour Minutes. The hour must have been recorded in whole numbers, disregarding minutes, in accordance with the Admission/Discharge Hour Code Table in [Appendix B](#).

OUTPUT Edits on Element:

None.

INPUT Edits on Element:

1. Must have been a valid entry.
2. SPARCS currently only edits and collects the first 2 numbers. Please refer to the Admission/Discharge Code Table in [Appendix B](#).

TREATMENT SEGMENT

Data Element Name:	Discharge Date
Record Position:	517-524
Record Position for Encrypted*	3553 -3574
Format – Length:	Number - 8
Format – Length for Encrypted*	Number - 22
Effective Date:	January 1, 1980
Contained In:	De-Identified Data Set: YES – Year only Limited Data Set: YES – Year and Month Identifiable Data Set: YES
Deniable Data Element:	This field is composed of both non-deniable and deniable components. **The 2-digit day is deniable and is ONLY present on the identifiable Master file. See Appendix Z for release restrictions.

** Discharge Date is available on the Limited Data Set as an Encrypted Data Element; otherwise it is available only with the Year and Month.*

Description:

The date when the patient was discharged or death occurred.

Note: Effective 1/1/1998 this field was populated from the ‘Statement Covers Through Date’.

Codes and Values:

1. CCYYMMDD = Century Year Month Day
2. Must have been a valid date in accordance with the Date Edit Validation Table in [Appendix A](#).

OUTPUT Edits on Element:

1. When using the ‘Discharge Date’ aka ‘Statement Covers Through Date’, if the ‘Neonate Birth Weight’ was reported as less than 1500 grams, and the ‘New York State Patient Discharge Status’ was reported as code "01" home, then the ‘Length of Stay’ must have been greater than 10 days.
2. If Abortion or HIV Flags equal ‘Y’, this data element is redacted unless otherwise noted.

INPUT Edits on Element:

1. Must have been on or after the ‘Admission/Start of Care Date’.
2. Must have been on or before the ‘Date Processed’.
3. Must have been on or after the opening date, or on or before the closing date, of an Article 28 facility as specified in the SPARCS Facility Reference File maintained by the SPARCS Administrative Unit.

TREATMENT SEGMENT

Data Element Name:	Discharge Weekday
Record Position:	525 - 527
Format – Length:	Character - 3
Effective Date:	Implemented May 1, 2005 and added to all years' files.
Contained In:	De-Identified Data Set: YES Limited Data Set: YES Identifiable Data Set: YES
Deniable Data Element:	No

Description:

The weekday the patient was discharged from the hospital.

Codes and Values:

1. "MON" = Monday
"TUE" = Tuesday
"WED" = Wednesday
"THU" = Thursday
"FRI" = Friday
"SAT" = Saturday
"SUN" = Sunday

OUTPUT Edits on Element:

This is a derived data element.

INPUT Edits on Element:

Not applicable. This is a derived data element.

TREATMENT SEGMENT

Data Element Name:	Discharge Hour
Record Position:	528 - 529
Format – Length:	Number - 2
Effective Date:	January 1, 1982
Contained In:	De-Identified Data Set: YES Limited Data Set: YES Identifiable Data Set: YES
Deniable Data Element:	No

Description:

The hour when the patient was discharged or death occurred.

Codes and Values:

1. Must have been right justified and zero filled.
2. The hour must have been recorded in whole numbers, disregarding minutes, in accordance with the 'Admission/Discharge Hour' Code Table in [Appendix B](#).

OUTPUT Edits on Element:

None.

INPUT Edits on Element:

1. Must have been a valid entry.
2. Please refer to the 'Admission/Discharge Hour' Code Table in [Appendix B](#).

TREATMENT SEGMENT

Data Element Name:	Same Day Discharge Indicator
Record Position:	530
Format – Length:	Character - 1
Effective Date:	Implemented May 1, 2005 and added to all year's files.
Contained In:	De-Identified Data Set: YES Limited Data Set: YES Identifiable Data Set: YES
Deniable Data Element:	No

Description:

A flag indicating if the patient was admitted and discharged on the same day.

Codes and Values:

1. "0" = Not Same Day
"1" = Same Day

OUTPUT Edits on Element:

1. A derived data element using the 'Statement From Date' and 'Statement Thru Date'.

INPUT Edits on Element:

Not applicable. This is a derived data element.

TREATMENT SEGMENT

Data Element Name:	Patient Discharge Status (<i>previously NYS Patient Status or Discharge Disposition</i>)
Record Position:	531-532
Format – Length:	Character - 2
Effective Date:	January 1, 1982 – January 1, 1993 reported as UDS codes that were translated to UB codes. Reported as Uniform Bill codes after 1993.
Contained In:	De-Identified Data Set: YES Limited Data Set: YES Identifiable Data Set: YES
Deniable Data Element:	No

Description:

The code which best identifies the patient's destination or status upon discharge.

Codes and Values:

1. Must have been a valid code in accordance with codes listed in Appendix C (*Patient Discharge Status Codes*).
2. Must have been right justified and zero filled.

OUTPUT Edits on Element:

1. If Patient Discharge Status code "10" was reported, computed 'Age' must have equaled "000" [calculated from the 'Patient Birth Date' at the time of admission].
2. If the 'Neonate Birth Weight' was reported as less than 1500 grams, and the 'Patient Status' was reported as code "01" home, then the 'Length of Stay' must have been greater than 10 days.

INPUT Edits on Element:

1. Must have been a valid entry in accordance with values in Appendix C.

TREATMENT SEGMENT

Data Element Name:	Type of Bill
Record Position:	533 - 535
Format – Length:	Character - 3
Effective Date:	January 1, 1994
Contained In:	De-Identified Data Set: YES Limited Data Set: YES Identifiable Data Set: YES
Deniable Data Element:	No

Description:

A three-digit numeric code which identified the specific type of bill (inpatient, adjustments, voids, etc.). The first digit represents Type of Facility, the second digit the Bill Classification, and the third digit the Frequency.

Codes and Values:

1. First Digit: "1" = Hospital
"8" = Special Facility (Rural Primary Care Facility Only)

Second Digit: "1" = Inpatient (including Medicare Part A)
"2" = Inpatient (Medicare Part B)
"5" = Rural Primary Care Hospital

Third Digit: "1" = Admit thru discharge claim (new)
"7" = Replacement of prior claim (change)
"8" = Void/cancel of prior claim (delete)

2. All positions must have been fully coded.

OUTPUT Edits on Element:

None.

INPUT Edits on Element:

1. Must have been a valid entry as assigned by the National Uniform Bill Committee (NUBC).

Note:

This data element is derived from two data field from the X12-837 forward. They are: 'Facility Type Code' and 'Claim Transaction Type'.

TREATMENT SEGMENT

Data Element Name:	Service Category Group
Record Position:	536
Format – Length:	Character - 1
Effective Date:	Implemented May 1, 2005 and added to all years' files.
Contained In:	De-Identified Data Set: YES Limited Data Set: YES Identifiable Data Set: YES
Deniable Data Element:	No

Description:

Categorization of the discharge record by NYS Department of Health defined Service Category Group as described in the [SPARCS Annual Report Series Tables](#). See [Appendix S - Service Category Group Definitions](#).

Codes and Values:

1. "1" = Medical
"2" = Surgical
"3" = Pediatric
"4" = Obstetrical
"5" = Nursery/Newborn
"6" = Psychiatric

OUTPUT Edits on Element:

1. See Appendix S for grouping definitions using the ICD-9-CM Principal Diagnosis.

INPUT Edits on Element:

Not applicable. This is a derived data element.

DIAGNOSIS SEGMENT

Data Element Name:	Admitting Diagnosis Code
Record Position:	537 - 543
Format – Length:	Character - 7
Effective Date:	January 1, 1982
Contained In:	De-Identified Data Set: YES Limited Data Set: YES Identifiable Data Set: YES
Deniable Data Element:	No

Description:

The diagnosis provided by the practitioner at the time of admission which describes the patient's condition upon admission to the hospital. Since the Admitting Diagnosis is formulated before all tests and examinations are complete, it may have been stated in the form of a problem or symptom and it may differ from any of the final diagnoses recorded in the medical record.

Codes and Values:

1. Must have been a valid ICD-9-CM code excluding the decimal point. To be valid, ICD-9-CM codes must have been entered at the most specific level to which they are classified in the ICD-9-CM Tabular List. Failure to enter all required digits in the diagnosis codes would have caused the record to be rejected.
2. Must have been left justified and entered exactly as shown in the ICD-9-CM coding reference, excluding the decimal point, and space filled.
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.

OUTPUT Edits on Element:

None.

INPUT Edits on Element:

1. Edits pertaining to ICD-9-CM codes were validated on the basis of the 'Discharge Date' and 'Expected Principal Reimbursement' depending on conditions described in [Appendix N](#), which included age-specific and sex-specific diagnosis code conditions.

DIAGNOSIS SEGMENT

Data Element Name:	Principal Diagnosis Code
Record Position:	544 – 550
Format – Length:	Character - 7
Effective Date:	January 1, 1982
Contained In:	De-Identified Data Set: YES Limited Data Set: YES Identifiable Data Set: YES
Deniable Data Element:	No

Description:

The 'Principal/Primary Diagnosis' is the condition established after study to have been chiefly responsible for occasioning the admission of the patient to the hospital for care. Since the 'Principal/Primary Diagnosis' represents the reason for the patient's stay, it may not necessarily have been the diagnosis which represented the greatest length of stay, the greatest consumption of hospital resources, or the most life-threatening condition. Since the 'Principal/Primary Diagnosis' reflects clinical findings discovered during the patient's stay, it may differ from 'Admitting Diagnosis'.

Codes and Values:

1. Must have been a valid ICD-9-CM code excluding decimal points. To have been valid, ICD-9-CM codes must have been 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 have been entered using all four digits. Four-digit codes further subclassified at the five-digit level must have been entered using all five digits. Failure to enter all required digits in the diagnosis codes would have caused the record to be rejected.
2. Must have been left justified and entered exactly as shown in the ICD-9-CM coding reference, excluding the decimal point, and space filled.

OUTPUT Edits on Element:

1. If the 'Neonate Birth Weight' was reported as less than 1500 grams, and the 'New York State Patient Discharge Status' was reported as code "01" home, then the calculated 'Length of Stay' must be greater than 10 days.

INPUT Edits on Element:

1. Edits pertaining to ICD-9-CM codes are validated on the basis of the 'Discharge Date' and 'Expected Principal Reimbursement' depending on conditions described in [Appendix N](#), which includes age-specific and sex-specific diagnosis code conditions.
2. When the edit flag on the ICD-9-CM reference file indicates an "unacceptable principal/primary diagnosis without a secondary diagnosis" an 'Other Diagnosis Code 1' must have been reported.

3. Diagnosis codes reported in the ICD-9-CM 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. E-codes are not valid as 'Principal/Primary Diagnosis Codes'. E-codes are reported in 'External Cause-of-Injury Code' and 'Place-of-Injury Code'.

DIAGNOSIS SEGMENT

Data Element Name:

Other Diagnosis Code (ODC) 1-24

Record Position:

Data Element	Record Position	Data Element	Record Position	Data Element	Record Position
ODC 1	551 - 557	ODC 9	607 - 613	ODC 17	663 - 669
ODC 2	558 - 564	ODC 10	614 - 620	ODC 18	670 - 676
ODC 3	565 - 571	ODC 11	621 - 627	ODC 19	677 - 683
ODC 4	572 - 578	ODC 12	628 - 634	ODC 20	684 - 690
ODC 5	579 - 585	ODC 13	635 - 641	ODC 21	691 - 697
ODC 6	586 - 592	ODC 14	642 - 648	ODC 22	698 - 704
ODC 7	593 - 599	ODC 15	649 - 655	ODC 23	705 - 711
ODC 8	600 - 606	ODC 16	656 - 662	ODC 24	712 - 718

Format – Length:

Character - 7

Effective Date:

Effective Date	Reporting
January 1982	Other Diagnosis Code 1-4
January 1992	Other Diagnosis Code 5-8
January 1994	Other Diagnosis Code 9-14
August 2011	Other Diagnosis Code 15-24

Contained In:

De-Identified Data Set: YES

Limited Data Set: YES

Identifiable Data Set: YES

Deniable Data Element:

No

Description:

Other Diagnoses include all conditions that coexisted at the time of admission, or developed subsequently, which affected the treatment received and/or length of stay. Diagnoses that relate to an earlier episode which had no bearing on the current hospital stay were excluded.

Conditions should have been coded that affected patient care in terms of requiring: clinical evaluation, therapeutic treatment, diagnostic procedures, extended length of hospital stay, or increased nursing care and/or monitoring.

Codes and Values:

1. Must have been a valid ICD-9-CM code excluding the decimal point. To have been valid, ICD-9-CM codes must have been 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 have been entered using all four digits. Four-digit codes further sub-classified at the five-digit level must have been entered using all five digits. Failure to enter all required digits in the diagnosis codes would cause the record to be rejected.
2. Must have been left justified and entered exactly as shown in the ICD-9-CM coding reference, excluding the decimal point, and space filled.
3. Only E-codes in the ICD-9-CM range of E930.0 through E949.9 are valid as 'Other Diagnosis Codes' (other E-codes are to be reported in 'External Cause-of-Injury Code' and 'Place-of-Injury Code'. Prior to 1990 and after December 1, 1998, additional E-codes could have been reported as valid 'Other Diagnosis Codes').
4. If this field was not applicable, it must contain blanks.

OUTPUT Edits on Element:

None.

INPUT Edits on Element:

1. Edits pertaining to ICD-9-CM codes are validated on the basis of the 'Discharge Date' and 'Expected Principal Reimbursement' depending on conditions described in [Appendix N](#), which includes age-specific and sex-specific diagnosis code conditions.
2. When the edit flag on the ICD-9-CM reference file for an "unacceptable principal/primary diagnosis without and secondary diagnosis" was applicable for the 'Principal/Primary Diagnosis Code', an 'Other Diagnosis Code 1' must have also been reported.
3. Diagnosis codes reported in the ICD-9-CM 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. If an 'Other Diagnosis Code' was reported, the corresponding 'Present on Admission Indicator' must have also been reported.

DIAGNOSIS SEGMENT

Data Element Name: Clinical Classification Software (CCS) Diagnosis Category
 Record Position: 719 - 721
 Format – Length: Character - 3
 Effective Date: January 1, 2011 and added to all years' discharge records
 Contained In: De-Identified Data Set: YES
 Limited Data Set: YES
 Identifiable Data Set: YES

Deniable Data Element:

Description:

The Clinical Classification Software (CCS) was developed by the Agency for Healthcare Research and Quality (AHRQ) as a tool to cluster patient diagnoses and procedures without having to sort through thousands of codes.

The CCS Diagnosis Category data element uses the reported ICD-9-CM code (when appropriate, future years will use the corresponding ICD-10-CM code). The “clinical grouper” makes it easier for researchers to explore the types of conditions. The “CCS Diagnosis Category” is the single level classification system that aggregates illness and conditions into 285 mutually exclusive categories.

As part of the Healthcare Cost and Utilization Project (HCUP), a federal, state and industry partnership, the CCS software and documentation is maintained on the HCUP website at: www.hcup-us.ahrq.gov/toolssoftware/ccs/ccs.jsp.

(Note: CCS was formerly called the Clinical Classification for Healthcare Policy Research – CCHPR).

Example:

ICD-9-CM Diagnosis Reference for Diagnosis Group - Acute bronchitis (Single Level)

ICD-9-CM Code	Description	CCS Category
4660	ACUTE BRONCHITIS	125 – Acute Bronchitis
4661, 46611	AC BRONCHIOLITIS D/T RSV	125 – Acute Bronchitis
46619	AC BRONCHIOLITIS-ORG NEC	125 – Acute Bronchitis

Codes and Values:

1. See the above website for CCS Diagnosis Category Values

OUTPUT Edits on Element:

1. Calculated using the CCS software.

INPUT Edits on Element:

Not applicable. This is a derived data element

DIAGNOSIS SEGMENT

Data Element Name: Accident Related Code
 Record Position: 722 - 723
 Format – Length: Character - 2
 Effective Date: January 1, 1982 – December 31, 1993
 Converted in 1994 to the Uniform Bill Codes, and modified on all records.

Contained In: De-Identified Data Set: YES
 Limited Data Set: YES
 Identifiable Data Set: YES

Deniable Data Element: No

Description:

The code which identifies the specific event relating to the bill that may affect payer processing.

Codes and Values:

1.

Value	Name	Description
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/ Including Auto Accident/Other	Code indicating the date of an accident including auto or 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 Coverage	Code indicating accident related injury for which there is no 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.

2. If not applicable this field contains blanks.

OUTPUT Edits on Element:

None.

INPUT Edits on Element:

1. If 'Occurrence Information Code' was reported, then a valid 'Occurrence Information Date' must also have been reported.

DIAGNOSIS SEGMENT

Data Element Name:	Accident Related Date
Record Position:	724 - 731
Record Position for Encrypted*	3575 - 3596
Format – Length:	Number - 8
Format – Length for Encrypted*	Number - 22
Effective Date:	January 1, 1994
Contained In:	De-Identified Data Set: YES – Year only Limited Data Set: YES – Year and Month only Identifiable Data Set: YES
Deniable Data Element:	This field is composed of both non-deniable and deniable components. **The 2-digit day is deniable and is ONLY present on the identifiable Master file. The 4-digit year and the 2-digit month are non-deniable and are also present on the De-Identified file. Yes - See Appendix Z for release restrictions.

** Accident Related Date is available on the Limited Data Set as an Encrypted Data Element; otherwise it is available only with the Year and Month.*

Description:

The date corresponding to the significant event relating to the bill that may affect payer processing.

Codes and Values:

1. CCYYMMDD =Century Year Month Day
2. The Date must have been valid in accordance with the Date Edit Validation Table in [Appendix A](#).
3. If not applicable this field contains blanks.

OUTPUT Edits on Element:

1. If Abortion or HIV Flag equals 'Y', this data element is redacted.

INPUT Edits on Element:

None.

DIAGNOSIS SEGMENT

Data Element Name:	External Cause of Injury
Record Position:	732 - 738
Format – Length:	Character - 7
Effective Date:	January 1, 1990
Contained In:	De-Identified Data Set: YES Limited Data Set: YES Identifiable Data Set: YES
Deniable Data Element:	No

Description:

The ICD-9-CM code for the external cause of an injury, poisoning, or adverse effect. Facilities complete this item whenever there is a diagnosis of an injury, poisoning, or adverse effect. The priorities for recording an External Code (E-Code) are: (1) 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.

Only the first E-Code is recorded in this item. Additional E-Codes were not entered.

Codes and Values:

1. Must have been a valid ICD-9-CM "E" code excluding the decimal point. To have been valid, the code must have been entered at the most specific level classified in the ICD-9-CM Tabular List. Three-digit codes further divided to the four-digit level must have been entered using all four digits plus the prefix letter "E". Failure to enter the prefix "E" and all required digits would have caused the record to reject.
2. Must have been left justified including the prefix letter "E" and all digits entered exactly as shown in the ICD-9-CM coding reference excluding the decimal point, and space filled.
3. If this field was not applicable, it must contain blanks.

OUTPUT Edits on Element:

None.

INPUT Edits on Element:

1. A valid entry was required in this field when either the 'Principal/Primary Diagnosis Code' or an 'Other Diagnosis Code 1-14'* reported were in the range 800.00-999.99.
2. When an 'External Cause-of-Injury Code' in the range of E850.0 to E869.9 or E880.0 to E928.9 was reported, then a 'Place-of-Injury Code' must also have been reported.
3. Prior to 1990, E-codes were reported in the 'Other Diagnosis Code 1-14' field.
4. After December 1, 1998, additional E-codes may have been reported in the 'Other Diagnosis Code 1-14' field.

**Starting in 2011, there are also 'Other Diagnosis Codes 15-24' collected, that should be examined for additional information.*

DIAGNOSIS SEGMENT

Data Element Name: Place of Injury Code
 Record Position: 739 - 745
 Format – Length: Character - 7
 Effective Date: January 1, 1990
 Contained In: De-Identified Data Set: YES
 Limited Data Set: YES
 Identifiable Data Set: YES
 Deniable Data Element: No

Description:

The code which identifies the place where the corresponding injury was reported in 'External Cause-of-Injury Code'.

Codes and Values:

1.

Value	Description
E849.0	Home accidents
E849.1	Farm accidents
E849.2	Mine and quarry accidents
E849.3	Accidents occurring in industrial places and premises
E849.4	Accidents occurring in place for recreation and sport
E849.5	Street and highway accidents
E849.6	Accidents occurring in public building
E849.7	Accidents occurring in residential institution
E849.8	Accidents occurring in other specified places
E849.9	Accidents occurring in unspecified place

2. Must have been a valid ICD-9-CM "E" code excluding the decimal point. To have been valid, the code must have been entered at the most specific level classified in the ICD-9-CM Tabular List. Three-digit codes further divided to the four-digit level must have been entered using all four digits plus the prefix letter "E". Failure to enter the prefix "E" and all required digits would have caused the record to reject.
3. Must have been left justified including the prefix letter "E" and all digits exactly as shown in the ICD-9-CM coding reference excluding the decimal point, and space filled.
4. If this field was not applicable, it must contain blanks.

OUTPUT Edits on Element:

None.

INPUT Edits on Element:

1. Must have been reported when 'External Cause-of-Injury Code' was in the range of E850.0 - E869.9 or E880.0 - E928.9.
2. Prior to 1990, E-codes were reported in the 'Other Diagnosis Code 1-14' field*.
3. After December 1, 1998, additional E-codes may have been reported in the 'Other Diagnosis Code 1-14' field*.

**Starting in 2011, there are also 'Other Diagnosis Codes 15-24' collected, that should be examined for additional information.*

PROCEDURE SEGMENT

Data Element Name:	Principal Procedure Code
Record Position:	746 - 749
Format – Length:	Character - 4
Effective Date:	January 1,1982 – December 31, 2007
Contained In:	De-Identified Data Set: YES Limited Data Set: YES Identifiable Data Set: YES
Deniable Data Element:	No

Description:

The ICD code that identifies the principal procedure performed at the claim level during the period covered by this event.

The principal procedure was one that was 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 was surgical in nature, carried a procedural risk, carried an anesthetic risk, or required specialized training. Surgery included incision, excision, amputation, introduction, endoscopy, repair, destruction, suture, and manipulation.

If there appeared to be two procedures that were principal, then the one most related to the principal diagnosis should have been selected as the principal procedure.

Codes and Values:

1. Must have been left justified and entered exactly as shown in the ICD coding reference, excluding the decimal point, and space filled.
2. If this field was not applicable, it must contain blanks.

OUTPUT Edits on Element:

None.

INPUT Edits on Element:

1. Edits pertaining to ICD codes are validated on the basis of the 'Discharge Date' and 'Expected Principal Reimbursement' depending on conditions described in [Appendix N](#), which includes sex-specific diagnosis code conditions.
2. If the 'Principal Procedure Code' was entered, the 'Operating Physician State License Number' and 'Principal Procedure Date' must have also been reported.

PROCEDURE SEGMENT

Data Element Name:	Principal Procedure Date
Record Position:	750 - 757
Record Position for Encrypted*:	3597 - 3618
Format – Length:	Number - 8
Format – Length for Encrypted*:	Number - 22
Effective Date:	January 1, 1983 – December 31, 2007
Contained In:	De-Identified Data Set: YES – Year only Limited Data Set: YES – Year and Month only Identifiable Data Set: YES
Deniable Data Element:	This field is composed of both non-deniable and deniable components. **The 2-digit day is deniable and is ONLY present on the Master file. The 4-digit year and the 2-digit month are non-deniable and are also present on the De-Identified file. See Appendix Z for release restrictions.

** The entire Principal Procedure Date is only available on the Limited Data Set as an Encrypted Data Element; otherwise it is available only with the Year and Month.*

Description:

The date the Principal Procedure was performed.

Codes and Values:

1. CCYYMMDD = Century Year Month Day
2. Must have been a valid date in accordance with the Date Edit Validation Table in [Appendix A](#).

OUTPUT Edits on Element:

1. If Abortion or HIV Flag equal 'Y', this data element is redacted unless otherwise noted.

INPUT Edits on Element:

1. Date must have been no more than 3 days prior to 'Admission Date/Start of Care' and before or the same as 'Discharge Date'.
2. If 'Principal Procedure Date' was entered, the 'Operating Physician ID' and 'Principal Procedure Code' must also have been reported.

PROCEDURE SEGMENT

Data Element Name: Pre-Admit Procedure Indicator 1-15 (*previously Pre-Admit Indicator*)

Record Position:

Data Element	Record Position	Data Element	Record Position
Pre-Admit Proc. Ind 1	758	Pre-Admit Proc. Ind 9	862
Pre-Admit Proc. Ind 2	771	Pre-Admit Proc. Ind 10	875
Pre-Admit Proc. Ind 3	784	Pre-Admit Proc. Ind 11	888
Pre-Admit Proc. Ind 4	797	Pre-Admit Proc. Ind 12	901
Pre-Admit Proc. Ind 5	810	Pre-Admit Proc. Ind 13	914
Pre-Admit Proc. Ind 6	823	Pre-Admit Proc. Ind 14	927
Pre-Admit Proc. Ind 7	836	Pre-Admit Proc. Ind 15	940
Pre-Admit Proc. Ind 8	849		

Format – Length: Character - 1
 Effective Date: Implemented May 1, 2005 and added to all years’ files.
 Contained In: De-Identified Data Set: YES
 Limited Data Set: YES
 Identifiable Data Set: YES

Deniable Data Element:

Description:

A flag to indicate if the ICD-9-CM procedure was done before or on/after the ‘Admission Date’.

Codes and Values:

1. "-" If the procedure was done before the admit date
- "+" If the procedure was done on or after the admit date
- " " If no procedure was done (field is blank)

OUTPUT Edits on Element:

This is a derived data element.

INPUT Edits on Element:

Not applicable. This is a derived element.

PROCEDURE SEGMENT

Data Element Name: Other Procedure Code 1-14

Record Position:

Data Element	Record Position	Data Element	Record Position
Other Procedure 1	759 - 762	Other Procedure 8	850 - 853
Other Procedure 2	772 - 775	Other Procedure 9	863 - 866
Other Procedure 3	785 - 788	Other Procedure 10	876 - 879
Other Procedure 4	798 - 801	Other Procedure 11	889 - 892
Other Procedure 5	811 - 814	Other Procedure 12	902 - 905
Other Procedure 6	824 - 827	Other Procedure 13	915 - 918
Other Procedure 7	837 - 840	Other Procedure 14	928 - 931

Format – Length:

Character – 4

Effective Date:

Effective Date	Reporting	End Date
January 1, 1982	Other Procedure Code 1-4	December 31, 2007
January 1, 1992	Other Procedure Code 5	December 31, 2007
January 1, 1994	Other Procedure Code 6-14	December 31, 2007

Contained In:

De-Identified Data Set: YES

Limited Data Set: YES

Identifiable Data Set: YES

Deniable Data Element: No

Description:

The ICD codes identifying all significant procedures, other than the ‘Principal Procedure’, that were performed. The facilities are asked to report those procedures that are most important for the episode of care, and specifically any therapeutic procedures closely related to the principal diagnosis.

A significant procedure was one that was surgical in nature, carried a procedural risk, carried an anesthetic risk, or required specialized training. Surgery included incision, excision, amputation, introduction, endoscopy, repair, destruction, suture, and manipulation.

Codes and Values:

1. Must have been left justified and entered exactly as shown in the ICD coding reference, excluding the decimal point, and space filled.
2. If this field was not applicable, it must contain blanks.
3. .

OUTPUT Edits on Element:

None.

INPUT Edits on Element:

1. Edits pertaining to ICD codes are validated on the basis of the ‘Discharge Date’ and ‘Expected Principal Reimbursement’ depending on conditions described in [Appendix N](#), which includes sex-specific diagnosis code conditions.
2. If ‘Other Procedure Code 1-14’ was entered, the corresponding ‘Other Procedure Date 1-14’ must have also been reported.

PROCEDURE SEGMENT

Data Element Name: Other Procedure Date 1-14

Record Position:

Data Element	Record Position	Data Element	Record Position
Other Proc Date 1	763 - 770	Other Proc Date 8	854 - 861
Other Proc Date 2	776 - 783	Other Proc Date 9	867 - 874
Other Proc Date 3	789 - 796	Other Proc Date 10	880 - 887
Other Proc Date 4	802 - 809	Other Proc Date 11	893 - 900
Other Proc Date 5	815 - 822	Other Proc Date 12	906 - 913
Other Proc Date 6	828 - 835	Other Proc Date 13	919 - 926
Other Proc Date 7	841 - 848	Other Proc Date 14	932 - 939

Record Position for Encrypted*

Data Element	Record Position	Data Element	Record Position
Other Proc Date 1	3597 - 3618	Other Proc Date 8	3773 - 3794
Other Proc Date 2	3619 - 3640	Other Proc Date 9	3795 - 3816
Other Proc Date 3	3641 - 3662	Other Proc Date 10	3817 - 3838
Other Proc Date 4	3663 - 3706	Other Proc Date 11	3839 - 3860
Other Proc Date 5	3707 - 3728	Other Proc Date 12	3861 - 3882
Other Proc Date 6	3729 - 3750	Other Proc Date 13	3883 - 3904
Other Proc Date 7	3751 - 3772	Other Proc Date 14	3905 - 3926

Format – Length:

Number - 8

Format – Length for Encrypted*

Number - 22

Effective Date:

January 1, 1983 - December 31, 2007

Contained In:

De-Identified Data Set: YES – Year only

Limited Data Set: YES – Year and Month only

Identifiable Data Set: YES

Deniable Data Element:

This field is composed of both non-deniable and deniable components. **The 2-digit day is deniable and is ONLY present on the identifiable Master file. The 4-digit year and the 2-digit month are non-deniable and are also present on the De-Identified file. See [Appendix Z](#) for release restrictions.

**The entire Other Procedure Date 1-14 is only available on the Limited Data Set as an Encrypted Data Element; otherwise year and month; otherwise it is available only with the Year and Month.*

Description:

The date the ‘Principal Procedure’ was performed.

Codes and Values:

1. CCYYMMDD = Century Year Month Day
2. Must have been a valid date in accordance with the Date Edit Validation Table in [Appendix A](#).
3. If this field was not applicable, it must contain blanks.

OUTPUT Edits on Element:

1. If Abortion or HIV Flag equal 'Y', this data element is redacted unless otherwise noted.

INPUT Edits on Element:

1. Date must have been no more than 3 days prior to 'Admission Date/Start of Care' and before or the same as 'Discharge Date'.
2. If 'Principal Procedure Date' was entered, the 'Operating Physician ID' and 'Principal Procedure Code' must also have been reported.

PROCEDURE SEGMENT

Data Element Name: Clinical Classification Software (CCS) Procedure Category
 Record Position: 941 - 943
 Format – Length: Character - 3
 Effective Date: Implemented July 2012 and added to all years' files.
 Contained In: De-Identified Data Set: YES
 Limited Data Set: YES
 Identifiable Data Set: YES
 Deniable Data Element: No

Description:

The Clinical Classification Software (CCS) was developed by the Agency for Healthcare Research and Quality (AHRQ) as a tool to cluster patient diagnoses and procedures without having to sort through thousands of codes.

The “CCS Procedure Category” data element uses the reported procedure codes to group into procedure categories that will make it easier for researchers to explore the types of procedures being formed. The CCS single level classification system is used for this data element; there are currently 231 procedure categories.

As part of the Healthcare Cost and Utilization Project (HCUP), a federal-state industry partnership, the CCS software and documentation is maintained on the HCUP website at: www.hcup-us.ahrq.gov/toolssoftware/ccs/ccs.jsp.

(Note: CCS was formerly called the Clinical Classification for Healthcare Policy research – CCHPR).

Example:

ICD Procedure Reference for Procedure Group - Cardiac stress tests (Single Level)

ICD Code	Description	CCS Procedure Category
8941	TREADMILL STRESS TEST	201 – CARDIA STRESS TEST
8942	MASTERS' 2-STEP TEST	201 – CARDIA STRESS TEST
8943	BICYCLE ERGOMETER TEST	201 – CARDIA STRESS TEST
8944	CV STRESS TEST NEC	201 – CARDIA STRESS TEST

Codes and Values:

1. See the above website for CCS Procedure Category values.

OUTPUT Edits on Element:

1. Data values calculated using the CCS software.

INPUT Edits on Element:

Not applicable. This is a derived data element.

PROCEDURE SEGMENT

Data Element Name:	Method of Anesthesia Used
Record Position:	944 - 945
Format – Length:	Number - 2
Effective Date:	January 1, 1983
Contained In:	De-Identified Data Set: YES Limited Data Set: YES Identifiable Data Set: YES
Deniable Data Element:	No

Description:

Type of anesthesia administered on the patient during the stay. If during the stay, anesthesia is administered more than once, the level of anesthesia is reported in the following hierarchical order: General, Regional, Other, and Local.

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, 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.

OUTPUT Edits on Element:

None.

INPUT Edits on Element:

1. Must have been a valid entry.

PROCEDURE SEGMENT

Data Element Name:	Age Warning Flag
Record Position:	946
Format – Length:	Character - 1
Effective Date:	January 1, 1996
Contained In:	De-Identified Data Set: YES Limited Data Set: YES Identifiable Data Set: YES
Deniable Data Element:	No

Description:

A flag set when a diagnosis from a list of exceptions agreed to by the Department of Health and the New York Health Information Management Association is in conflict with normal age-specific edits as defined in the ICD-9-CM coding reference file.

These claims have been accepted by the SPARCS system, but a warning message was returned to the health care facility to flag potential reporting problems at time of submission. A list of current exception diagnosis codes is available from SPARCS.

Codes and Values:

1. "1" = Age-specific conflict between reported data and ICD-9-CM reference file.

" " = NO conflict between reported data and ICD-9-CM reference file (blank).

OUTPUT Edits on Element:

1. Derived data element based on the list of exceptions.

INPUT Edits on Element:

Not applicable. This is a derived data element.

PROCEDURE SEGMENT

Data Element Name:	Procedure Date Warning Flag
Record Position:	947
Format – Length:	Character - 1
Effective Date:	January 1, 2000
Contained In:	De-Identified Data Set: YES Limited Data Set: YES Identifiable Data Set: YES
Deniable Data Element:	No

Description:

A flag set when a procedure date for this discharge is reported no more than three (3) days prior to the 'Admission Date/Start of Care'. These claims have been accepted by the SPARCS system, but a warning message was returned to the health care facility to flag potential reporting problems at time of submission.

Codes and Values:

1. "1" = 'Procedure Date' reported no more than three (3) days prior to the 'Admission Date/Start of Care'
" " = NO conflict between reported data and reported procedure dates (blank).

OUTPUT Edits on Element:

1. This is a derived data element using the submitted fields as described above.

INPUT Edits on Element:

Not applicable. This is a derived data element.

PROCEDURE SEGMENT

Data Element Name:	Procedure Coding Method Used
Record Position:	948
Format – Length:	Character - 1
Effective Date:	January 1, 1994 - January 1, 2003
Contained In:	De-Identified Data Set: YES Limited Data Set: YES Identifiable Data Set: YES
Deniable Data Element:	No

Description:

A code which identifies the coding structure used for reporting procedures performed during the outpatient visit.

Note: This data element is available from January 1, 1994 - January 1, 2003.

Codes and Values:

1. External Place-of-Injury Codes in the range of E849.0 – E849.9 were the only valid entries.
2. "3" = CPT-3 (for Worker's Compensation and No-Fault Claims)
3. "4" = CPT-4
4. "5" - HCPCS
5. "9" = ICD-9-CM

OUTPUT Edits on Element:

1. This is a derived data element.

INPUT Edits on Element:

Not applicable. This is a derived data element.

DRG SEGMENT

Data Element Name:	Grouping Claim Processed Flag
Record Position:	949-950
Format – Length:	Character - 2
Effective Date:	January 1, 2011
Contained In:	De-Identified Data Set: YES Limited Data Set: YES Identifiable Data Set: YES
Deniable Data Element:	No

Description:

Grouping Claim Processed Flag. *For internal DOH use only.*

Codes and Values:

1. “00” - Claim processed without errors or warnings/messages.
“01” - Claim processed with warnings/messages (see Claim Processed Warning/Messages on page 147). “02” - Claim could not be processed. Invalid claim from or through date, or outside supported period.
“03” - Claim could not be processed. Single visit Claim Action Flag option not selected and line date not within from/through dates or invalid.
“04” - Claim could not be processed (claim has no valid visits).
“05” - Claim could not be processed (blank Pdx).
“99” - Fatal error; APG cannot run - the environment cannot be set up as needed; exit immediately.

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

DRG SEGMENT

Data Element Name:	Claim Processed Warning/Messages
Record Position:	951 – 960
Format – Length:	Character - 10
Effective Date:	January 1, 2011
Contained In:	De-Identified Data Set: YES Limited Data Set: YES Identifiable Data Set: YES
Deniable Data Element:	No

Description:

Claim Processed Warning/Messages. *For internal DOH use only.*

Codes and Values:

1. The ten (10) character length allows this data element to represent up to five values, each with a 2-byte value:

“00” - Claim processed without warnings/messages

“01” - Claim processed with some visits unassigned

“02” - Claim processed with all visits unassigned

“03” - Claim processed, From Date and Through Date span code versions

“04” - Claim processed under user defined configuration/non-standard

Example: “0402000000” can be a valid value, representing two codes above, “04” and “02”.

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

DRG SEGMENT

Data Element Name:	Number of Visits
Record Position:	961 - 963
Format – Length:	Character - 3
Effective Date:	January 1, 2011
Contained In:	De-Identified Data Set: YES Limited Data Set: YES Identifiable Data Set: YES
Deniable Data Element:	No

Description:

Number of visits. *For internal DOH use only.*

Codes and Values:

1. Values are generated by the software.

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

DRG SEGMENT

Data Element Name:	APG Version Used
Record Position:	964 - 975
Format – Length:	Character - 12
Effective Date:	January 1, 2011
Contained In:	De-Identified Data Set: YES Limited Data Set: YES Identifiable Data Set: YES
Deniable Data Element:	No

Description:

3M[®] Enhanced APG Software 2011 version 4.0. *For internal DOH use only.*

Codes and Values:

1. Values are generated by the software.

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

DRG SEGMENT

Data Element Name:	APG List Return Code
Record Position:	976 - 977
Format – Length:	Character - 2
Effective Date:	January 1, 2011
Contained In:	De-Identified Data Set: YES Limited Data Set: YES Identifiable Data Set: YES
Deniable Data Element:	No

Description:

Identifies which list contains the first offending element that failed loading. *For internal DOH use only.*

Codes and Values:

1. Values are generated by the software.

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

DRG SEGMENT

Data Element Name:	APG List Error Location
Record Position:	978 - 980
Format – Length:	Character - 3
Effective Date:	January 1, 2011
Contained In:	De-Identified Data Set: YES Limited Data Set: YES Identifiable Data Set: YES
Deniable Data Element:	No

Description:

Identifies error location in the list that triggered the failure. *For internal DOH use only.*

Codes and Values:

1. Values are generated by the software.

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

DRG SEGMENT

Data Element Name:	Item ID Number
Record Position:	981 - 983
Format – Length:	Character - 3
Effective Date:	January 1, 2011
Contained In:	De-Identified Data Set: YES Limited Data Set: YES Identifiable Data Set: YES
Deniable Data Element:	No

Description:

Item ID Number. *For internal DOH use only.*

Codes and Values:

1. Values are generated by the software.
(“001” common value generated by software)

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

DRG SEGMENT

Data Element Name:	Error Return Code
Record Position:	984- 986
Format – Length:	Character - 3
Effective Date:	January 1, 2011
Contained In:	De-Identified Data Set: YES Limited Data Set: YES Identifiable Data Set: YES
Deniable Data Element:	No

Description:

Error Return Code. *For internal DOH use only.*

Codes and Values:

1. “000” = Base rate 904 for NY

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

DRG SEGMENT

Data Element Name:	Claim APG Payment
Record Position:	987 - 994
Format – Length:	Character - 8
Effective Date:	January 1, 2011
Contained In:	De-Identified Data Set: YES Limited Data Set: YES Identifiable Data Set: YES
Deniable Data Element:	No

Description:

Standard APG-based payment for claim.

Codes and Values:

1. Values are generated by the software.

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

DRG SEGMENT

Data Element Name:	Claim Transition Visit APG Payment
Record Position:	995 - 1002
Format – Length:	Character - 8
Effective Date:	January 1, 2011
Contained In:	De-Identified Data Set: YES Limited Data Set: YES Identifiable Data Set: YES
Deniable Data Element:	No

Description:

Claim Transition APG Payment.

Codes and Values:

1. Values are generated by the software.

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

DRG SEGMENT

Data Element Name:	Claim Existing Payment
Record Position:	1003 - 1010
Format – Length:	Character - 8
Effective Date:	January 1, 2011
Contained In:	De-Identified Data Set: YES Limited Data Set: YES Identifiable Data Set: YES
Deniable Data Element:	No

Description:

Claim Existing Payment.

Codes and Values:

1. Values are generated by the software.

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

DRG SEGMENT

Data Element Name:	Claim Blended Payment
Record Position:	1011 - 1018
Format – Length:	Character - 8
Effective Date:	January 1, 2011
Contained In:	De-Identified Data Set: YES Limited Data Set: YES Identifiable Data Set: YES
Deniable Data Element:	No

Description:

Claim Blended Payment. *For internal DOH use only.*

Codes and Values:

1. Values are generated by the software.

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

DRG SEGMENT

Data Element Name:	Claim Add-on Payment
Record Position:	1019 - 1026
Format – Length:	Character - 8
Effective Date:	January 1, 2011
Contained In:	De-Identified Data Set: YES Limited Data Set: YES Identifiable Data Set: YES
Deniable Data Element:	No

Description:

Claim Add-on Payment. *For internal DOH use only.*

Codes and Values:

1. Values are generated by the software.

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

DRG SEGMENT

Data Element Name:	Total Claim Payment
Record Position:	1027 - 1034
Format – Length:	Character - 8
Effective Date:	January 1, 2011
Contained In:	De-Identified Data Set: YES Limited Data Set: YES Identifiable Data Set: YES
Deniable Data Element:	No

Description:

Claim payment including cost outlier payment, if applicable.

Codes and Values:

1. Values are generated by the software.

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

DRG SEGMENT

Data Element Name:	Claim Non-Transition Payment
Record Position:	1035 - 1042
Format – Length:	Character - 8
Effective Date:	January 1, 2011
Contained In:	De-Identified Data Set: YES Limited Data Set: YES Identifiable Data Set: YES
Deniable Data Element:	No

Description:

Claim Non-Transition Payment. *For internal DOH use only.*

Codes and Values:

1. Values are generated by the software.

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

DRG SEGMENT

Data Element Name:	Claim Adjusted APG Weight
Record Position:	1043 - 1051
Format – Length:	Character - 9
Effective Date:	January 1, 2011
Contained In:	De-Identified Data Set: YES Limited Data Set: YES Identifiable Data Set: YES
Deniable Data Element:	No

Description:

Sum of line item adjusted APG weights. *For internal DOH use only.*

Codes and Values:

1. Values are generated by the software.

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

DRG SEGMENT

Data Element Name:	Total Claim Full APG Weight
Record Position:	1052 - 1060
Format – Length:	Character - 9
Effective Date:	January 1, 2011
Contained In:	De-Identified Data Set: YES Limited Data Set: YES Identifiable Data Set: YES
Deniable Data Element:	No

Description:

Total Claim Full APG Weight. *For internal DOH use only.*

Codes and Values:

1. Values are generated by the software.

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

DRG SEGMENT

Data Element Name:	Claim Payment
Record Position:	1061 – 1068
Format – Length:	Character – 8
Effective Date:	January 1, 2011
Contained In:	De-Identified Data Set: YES Limited Data Set: YES Identifiable Data Set: YES
Deniable Data Element:	No

Description:

Calculated Claim Payment using the APG software.

Codes and Values:

1. Values are generated by the software.

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

AMI SEGMENT

Data Element Name: AMI Warning Flag
Record Position: 1069
Format – Length: Number - 1
Effective Date: July 1, 2007 – December 31, 2007 [six months]
Contained In: De-Identified Data Set: YES
Limited Data Set: YES
Identifiable Data Set: YES

Deniable Data Element:

Description:

A flag set when the 'Principal/Primary Diagnosis' code equals Acute Myocardial Infarction (AMI) 410.0x – 410.9x.

Codes and Values:

- 1 = AMI code reported.
0 = No AMI code reported.

OUTPUT Edits on Element:

1. A derived data element based on ICD codes.

INPUT Edits on Element:

Not applicable. This is a derived data element.

AMI SEGMENT

Data Element Name:	Heart Rate on Arrival
Record Position:	1070-1072
Format – Length:	Number - 3
Effective Date:	October, 2007
Contained In:	De-Identified Data Set: YES Limited Data Set: YES Identifiable Data Set: YES
Deniable Data Element:	No

Description:

The patient's heart rate in beats per minute (bpm) taken at first patient contact after arrival at the hospital for patients with a 'Principal/Primary Diagnosis' of Acute Myocardial Infarction (AMI) 410.0x-410.9x. The data is collected and reported on Inpatient and Emergency Department records.

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. " " [Blank] = Not applicable, (i.e. 'Principal/Primary Diagnosis' is not in the range 410.0x – 410.9x).

OUTPUT Edits on Element:

None.

INPUT Edits on Element:

1. Must be greater than or equal to zero.
2. Must be reported when 'Principal/Primary Diagnosis Code' is between 410.0x - 410.9x.
3. NTE segment is a fixed width. Required spacing must be maintained if element is not applicable.

Note = Reported on Inpatient and Emergency Department records.

AMI SEGMENT

Data Element Name: Systolic BP on Arrival
Record Position: 1073-1075
Format – Length: Number - 3
Effective Date: October, 2007
Contained In: De-Identified Data Set: YES
Limited Data Set: YES
Identifiable Data Set: YES

Deniable Data Element:

Description:

The patient's systolic blood pressure in mg/dl taken at first patient contact after arrival at the 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 410.0x – 410.9x).

OUTPUT Edits on Element:

None.

INPUT Edits on Element:

1. Must be greater than or equal to zero.
2. Must be reported when 'Principal/Primary Diagnosis Code' is between 410.0x - 410.9x.
3. NTE segment is a fixed width. Required spacing must be maintained if element is applicable.

* = Reported on Inpatient and Emergency Department records.

AMI SEGMENT

Data Element Name: Diastolic BP on Arrival
Record Position: 1076-1078
Format – Length: Number - 3
Effective Date: October, 2007
Contained In: De-Identified Data Set: YES
Limited Data Set: YES
Identifiable Data Set: YES

Deniable Data Element:

Description:

The patient's diastolic blood pressure in mg/dl taken at first patient contact after arrival at the 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 410.0x – 410.9x).

OUTPUT Edits on Element:

None.

INPUT Edits on Element:

1. Must be greater than or equal to zero.
2. Must be reported when 'Principal/Primary Diagnosis Code' equals 410.0x - 410.9x.
3. NTE segment is a fixed width. Required spacing must be maintained if element is applicable.

* = *Reported on Inpatient and Emergency Department records.*

SPARCS Outpatient Segment:**Primary Records****HIPAA SEGMENT**

Data Element Name:	AIDS / HIV Flag
Record Position:	1079
Format – Length:	Character - 1
Effective Date:	Implemented May 1, 2005 and added to all years' records.
Contained In:	De-Identified Data Set: YES Limited Data Set: YES Identifiable Data Set: YES
Deniable Data Element:	No

Description:

A flag to indicate if the discharge record contains any indication of AIDS/HIV. See [Appendix T - AIDS/HIV Record Editing](#).

Codes and Values:

1. “Y” = AIDS/HIV is indicated
“N” = AIDS/HIV is not indicated

OUTPUT Edits on Element:

1. Derived data element based on the definition in Appendix T.

INPUT Edits on Element:

Not applicable. This is a derived field.

HIPAA SEGMENT

Data Element Name:	Abortion Flag
Record Position:	1080
Format – Length:	Character – 1
Effective Date:	Implemented May 1, 2005 and added to all years' records.
Contained In:	De-Identified Data Set: YES Limited Data Set: YES Identifiable Data Set: YES
Deniable Data Element:	No

Description:

A flag to indicate if the discharge record contains any indication of abortion. See [Appendix TT – Abortion Record Editing](#) .

Codes and Values:

1. “Y” = Abortion is indicated
“N” = Abortion is not indicated

OUTPUT Edits on Element:

1. This is a derived data element based on the definition in Appendix TT.

INPUT Edits on Element:

Not applicable. This is a derived field.

CHARGES SEGMENT

Data Element Name:	Total Charges
Record Position:	1081-1092
Format – Length:	Number - 12
Effective Date:	January 1, 1982
Contained In:	De-Identified Data Set: YES Limited Data Set: YES Identifiable Data Set: YES
Deniable Data Element:	No

Description:

The sum of all ancillary charges incurred by the patient during the billing period.

Codes and Values:

1. Must have been right justified and zero filled.
2. This total amount entered in dollars and cents as a positive amount. There are **TWO** implied decimal places for the currency.

OUTPUT Edits on Element:

1. Calculated by SPARCS as the sum of all individual occurrences of the (outpatient) ancillary charges.

INPUT Edits on Element:

Not applicable. This is derived data element.

CHARGES SEGMENT

Data Element Name:	Ancillary Total Charges
Record Position:	1093-1102
Format – Length:	Character - 10
Effective Date:	January 1, 1982
Contained In:	De-Identified Data Set: YES Limited Data Set: YES Identifiable Data Set: YES
Deniable Data Element:	No

Description:

The total of all Ancillary Charges incurred during the patient's stay.

Codes and Values:

1. Must have been right justified and zero filled.
2. The total amount entered in dollars and cents. There are **TWO** implied decimal places for the currency.
3. If this field was not applicable, it contains zeroes.

OUTPUT Edits on Element:

1. Calculated by SPARCS as the sum of all service line Ancillary Charges.

INPUT Edits on Element:

1. Must have equaled the sum of the individual occurrences of the (outpatient) ancillary total charges.
2. If Ancillary Revenue Codes of “001” through “099” were reported, any associated charges were NOT included in ‘Total Ancillary Charges’.

CHARGES SEGMENT

Data Element Name:	Total Non-Covered Charges
Record Position:	1103-1114
Format – Length:	Number - 12
Effective Date:	January 1, 1982
Contained In:	De-Identified Data Set: YES Limited Data Set: YES Identifiable Data Set: YES
Deniable Data Element:	No

Description:

The sum of all non-covered charges during the billing period.

Codes and Values:

1. Must have been right justified and zero filled.
2. The total amount entered in dollars and cents. There are **TWO** implied decimal places for the currency.

OUTPUT Edits on Element:

1. Calculated by SPARCS as the sum of all individual occurrences of the Ancillary Non-Covered Charges.

INPUT Edits on Element:

Not applicable.

CHARGES SEGMENT

Data Element Name:	Total Non-Covered Ancillary Charges
Record Position:	1115-1124
Format – Length:	Character - 10
Effective Date:	January 1, 1982
Contained In:	De-Identified Data Set: YES Limited Data Set: YES Identifiable Data Set: YES
Deniable Data Element:	No

Description:

The total of all ‘Ancillary Non-Covered Charges’ during the patient's stay.

Codes and Values:

1. Must have been right justified and zero filled.
2. The total amount entered in dollars and cents. There are **TWO** implied decimal places for the currency.
3. If this field was not applicable, it contains zeroes.

OUTPUT Edits on Element:

1. Sum of the individual occurrences of the ‘Ancillary Total Non-Covered Charges’.

INPUT Edits on Element:

1. If ‘Outpatient Ancillary Revenue Codes’ of “001” through “099” were reported, any associated charges were NOT included in ‘Total Ancillary Non-Covered Charges’.

SERVICE SEGMENT

Data Element Name: Revenue Code 1-7 (*previously called Outpatient Ancillary Revenue Code*)

Record Position:

Data Element	Record Position	Data Element	Record Position
Rev Code 1	1125-1128	Rev Code 5	2197-2200
Rev Code 2	1393-1396	Rev Code 6	2465-2468
Rev Code 3	1661-1664	Rev Code 7	2733-2736
Rev Code 4	1929-1932		

Format – Length: Character - 4
 Effective Date: January 1, 1994
 Contained In: De-Identified Data Set: YES
 Limited Data Set: YES
 Identifiable Data Set: YES

Deniable Data Element:

Description:

Codes that identify specific accommodations, ancillary services or unique billing calculations or arrangements. The code set is maintained by the National Uniform Bill Committee (NUBC).

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 outpatient services providers should report the corresponding HCPCS code for the service along with the date of service as well as the revenue code.
2. 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 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.
3. 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

OUTPUT Edits on Element:

None.

INPUT Edits on Element:

1. If '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 Total Charges and/or Total Non-Covered Charges.
4. For Outpatient submissions, 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.

Note:

SPARCS allows for a maximum of 999 service lines to be reported.

Effective with discharges after 12/31/99, UB-92 Accommodation Codes are reported in place of SPARCS Accommodation Codes.

The UB-92 Accommodation Codes for all years prior to 2000 have been derived from the reported SPARCS Accommodation Codes based on the table in Appendix H.

SERVICE SEGMENT

Data Element Name: Revenue Type 1-7

Record Position:

Data Element	Record Position	Data Element	Record Position
Revenue Type 1	1129	Revenue Type 5	2201
Revenue Type 2	1397	Revenue Type 6	2469
Revenue Type 3	1665	Revenue Type 7	2737
Revenue Type 4	1933		

Format – Length:

Character - 1

Effective Date:

January 1, 2011 and added to all years' discharge records.

Contained In:

De-Identified Data Set: YES

Limited Data Set: YES

Identifiable Data Set: YES

Deniable Data Element:

Description:

The Revenue type identifies the type of revenue code utilized, and is grouped into two categories: accommodation codes and ancillary codes.

Codes and Values:

1. "A" = Accommodation
"R" = Ancillary

OUTPUT Edits on Element:

This is a derived data element based on Revenue codes.

INPUT Edits on Element:

None.

SERVICE SEGMENT

Data Element Name: HCPCS/CPT Procedure Code 1-7

Record Position:

Data Element	Record Position	Data Element	Record Position
HCPCS/CPT Proc. 1	1130-1134	HCPCS/CPT Proc. 5	2202-2206
HCPCS/CPT Proc. 2	1398-1402	HCPCS/CPT Proc. 6	2470-2474
HCPCS/CPT Proc. 3	1666-1670	HCPCS/CPT Proc. 7	2738-2742
HCPCS/CPT Proc. 4	1934-1938		

Format – Length: Character - 5
 Effective Date: January 1, 1982
 Contained In: De-Identified Data Set: YES
 Limited Data Set: YES
 Identifiable Data Set: YES
 Deniable Data Element: No

Description:

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 apply to the outpatient procedure performed and associated with each line of service.

Codes and Values:

1. Must have been right justified and zero filled.
2. 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 ambulatory surgery and emergency department procedures.
3. If this field was not applicable, it contains zeroes.

OUTPUT Edits on Element:

None.

INPUT Edits on Element:

1. A valid American Medical Association's Current Procedural Terminology - 4th Edition (CPT-4) or the Centers for Medicare and Medicaid Services HCPCS code must be entered.
2. SPARCS allows a maximum of 999 CPT-4 and HCPCS codes.

SERVICE SEGMENT

Data Element Name: Procedure Modifier Code #1 – 1-7
 Record Position:

Data Element	Record Position	Data Element	Record Position
Proc. Modifier #1-1	1135-1136	Proc. Modifier #1-5	2207-2208
Proc. Modifier #1-2	1403-1404	Proc. Modifier #1-6	2475-2476
Proc. Modifier #1-3	1671-1672	Proc. Modifier #1-7	2743-2744
Proc. Modifier #1-4	1939-1940		

Format – Length: Character - 2
 Effective Date: January 1, 1982
 Contained In: De-Identified Data Set: YES
 Limited Data Set: YES
 Identifiable Data Set: YES
 Deniable Data Element: No

Description:

The modifier clarifies or improves the reporting accuracy of the associated procedure code. These codes are from the American Medical Association's Current Procedural Terminology 4th Edition (CPT-4) code or the Healthcare Common Procedure Coding System (HCPCS) code and modifiers, and applicable to the outpatient procedure performed and associated with each line of service.

Codes and Values:

1. Must have been right justified and zero filled.
2. 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 ambulatory surgery and emergency department procedures performed.
3. If this field was not applicable, it contains zeroes.

OUTPUT Edits on Element:

None.

INPUT Edits on Element:

1. Edits pertaining to CPT-4 and HCPCS codes are validated on the basis of the Statement-Thru Date.
2. If CPT-4/HCPCS & Modifier 1 is entered, the associated Outpatient Revenue Code, Charges and Non-Covered Charges must also be reported.
3. SPARCS allows a maximum of 999 CPT-4 and HCPCS codes.

SPARCS Outpatient Segment:**Primary Records****SERVICE SEGMENT**

Data Element Name:

Procedure Modifier Code #2 – 1-7

Record Position:

Data Element	Record Position	Data Element	Record Position
Proc. Modifier #2-1	1137-1138	Proc. Modifier #2-5	2209-2210
Proc. Modifier #2-2	1405-1406	Proc. Modifier #2-6	2477-2478
Proc. Modifier #2-3	1673-1674	Proc. Modifier #2-7	2745-2746
Proc. Modifier #2-4	1941-1942		

Format – Length:

Character - 2

Effective Date:

January 1, 1982

Contained In:

De-Identified Data Set: YES

Limited Data Set: YES

Identifiable Data Set: YES

Deniable Data Element:

No

Description:

The modifier clarifies or improves the reporting accuracy of the associated procedure code. These codes are from the American Medical Association's Current Procedural Terminology 4th Edition (CPT-4) Code or the Healthcare Common Procedure Coding System (HCPCS) code and modifiers, and applicable to the outpatient procedure performed and associated with each line of service.

Codes and Values:

1. Must have been right justified and zero filled.
2. 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 ambulatory surgery and emergency department procedures performed.
3. If this field was not applicable, it contains zeroes.

OUTPUT Edits on Element:

None.

INPUT Edits on Element:

1. Edits pertaining to CPT-4 and HCPCS codes are validated on the basis of the Statement-Thru Date.
2. If CPT-4/HCPCS & Modifier 2 is entered, the associated Outpatient Revenue Code, Charges and Non-Covered Charges must also be reported.
3. SPARCS allows a maximum of 999 CPT-4 and HCPCS codes

SERVICE SEGMENT

Data Element Name: Service Charge 1-7

Record Position:

Data Element	Record Position	Data Element	Record Position
Svc Chrg 1	1139-1148	Svc Chrg 5	2211-2220
Svc Chrg 2	1407-1416	Svc Chrg 6	2479-2488
Svc Chrg 3	1675-1684	Svc Chrg 7	2747-2756
Svc Chrg 4	1943-1952		

Format – Length: Number - 10
 Effective Date: January 1, 1982
 Contained In: De-Identified Data Set: YES
 Limited Data Set: YES
 Identifiable Data Set: YES
 Deniable Data Element: No

Description:

The amount of submitted charges on the service line segment for this claim. This will be the charges (accommodations charges and ancillary charges) incurred by the patient during the billing period that will be submitted to the primary payer.

Codes and Values:

1. Must have been right justified and zero filled.
2. The total amount entered in dollars and cents. There are **TWO** implied decimal places for the currency.

OUTPUT Edits on Element:

None.

INPUT Edits on Element:

Not applicable.

SERVICE SEGMENT

Data Element Name: Unit Type 1-7

Record Position:-

Data Element	Record Position	Data Element	Record Position
Unit Type 1	1149-1150	Unit Type 5	2221-2222
Unit Type 2	1417-1418	Unit Type 6	2489-2490
Unit Type 3	1685-1686	Unit Type 7	2757-2758
Unit Type 4	1953-1954		

Format – Length: Character - 2
 Effective Date: January 1, 2011
 Contained In: De-Identified Data Set: YES
 Limited Data Set: YES
 Identifiable Data Set: YES
 Deniable Data Element: No

Description:

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
 “UN” = Unit

OUTPUT Edits on Element:

None.

INPUT Edits on Element:

1. Must equal “DA” or “UN” when service line charges are reported.
2. SPARCS allows for a maximum of 999 service lines to be reported.

SERVICE SEGMENT

Data Element Name: Unit Quantity 1-7

Record Position:

Data Element	Record Position	Data Element	Record Position
Unit Quantity 1	1151-1158	Unit Quantity 5	2223-2230
Unit Quantity 2	1419-1426	Unit Quantity 6	2491-2498
Unit Quantity 3	1687-1694	Unit Quantity 7	2759-2766
Unit Quantity 4	1955-1962		

Format – Length:

Number - 8

Effective Date:

January 1, 2011

Prior to Jan 1, 2011 this was “Total Days”

Contained In:

De-Identified Data Set: YES

Limited Data Set: YES

Identifiable Data Set: YES

Deniable Data Element:

No

Description:

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.

OUTPUT Edits on Element:

None.

INPUT Edits on Element:

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 Thru 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.
3. When reporting units, the value can be reported as 1 or more based on the provider's practice, health plan requirements or regulations.
4. 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 regulations.
5. A zero or negative value is not allowed.
6. SPARCS allows for a maximum of 999 service lines to be reported.

SERVICE SEGMENT

Data Element Name: Non-Covered Charge 1-7 (*previously Accommodation Total Charges and Inpatient Ancillary Total Non-covered Charges*)

Record Position:

Data Element	Record Position	Data Element	Record Position
Non-Cov Charge 1	1159-1168	Non-Cov Charge 5	2231-2240
Non-Cov Charge 2	1427-1436	Non-Cov Charge 6	2499-2508
Non-Cov Charge 3	1695-1704	Non-Cov Charge 7	2767-2776
Non-Cov Charge 4	1963-1972		

Format – Length: Number - 10
 Effective Date: January 1, 1982
 Contained In: De-Identified Data Set: YES
 Limited Data Set: YES
 Identifiable Data Set: YES
 Deniable Data Element: No

Description:

Non-covered charge amount reflects the non-covered charges for the 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

OUTPUT Edits on Element:

None.

INPUT Edits on Element:

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.
6. SPARCS allows for a maximum of 999 service lines to be reported.

SERVICE SEGMENT

Data Element Name:

Service Date 1-7

Record Position:

Data Element	Record Position	Data Element	Record Position
Service Date 1	1169-1176	Service Date 5	2241-2248
Service Date 2	1437-1444	Service Date 6	2509-2516
Service Date 3	1705-1712	Service Date 7	2777-2784
Service Date 4	1973-1980		

Record Position for Encrypted*

Data Element	Record Position	Data Element	Record Position
Service Date 1	3927-3948	Service Date 5	4103-4124
Service Date 2	3971-3992	Service Date 6	4147-4168
Service Date 3	4015-4036	Service Date 7	4191-4212
Service Date 4	4059-4080		

Format – Length:

Character - 8

Format – Length for Encrypted*

Character - 22

Effective Date:

January 1, 2011

Contained In:

De-Identified Data Set: YES – Year Only

Limited Data Set: YES – Month and Year only

Identifiable Data Set: YES

Deniable Data Element:

This field is composed of both non-deniable and deniable components. **The 2-digit day is deniable and is ONLY present on the identifiable Master file. See [Appendix Z](#) for release restrictions.

Description:

The date the outpatient service was provided. When more than one service was provided on different dates, report each date of service.

Note: This data element is only available on Outpatient services file.

Codes and Values:

1. CCYYMMDD (Century Year Month Day)
2. Must have been a valid date in accordance with the Date Edit Validation Table in Appendix A.
3. If this field was not applicable, it must contain blanks.
4. .

OUTPUT Edits on Element:

None.

INPUT Edits on Element:

1. Must have been a valid date.

SERVICE SEGMENT

Data Element Name: Pre-Visit Procedure Indicator 1-7

Record Position:

Data Element	Record Position	Data Element	Record Position
Pre-Visit Proc. Indicator 1	1177	Pre-Visit Proc. Indicator 5	2249
Pre-Visit Proc. Indicator 2	1445	Pre-Visit Proc. Indicator 6	2517
Pre-Visit Proc. Indicator 3	1713	Pre-Visit Proc. Indicator 7	2785
Pre-Visit Proc. Indicator 4	1981		

Format – Length: Character - 1
 Effective Date: January 1, 2011
 Contained In: De-Identified Data Set: YES
 Limited Data Set: YES
 Identifiable Data Set: YES
 Deniable Data Element: No

Description:

Indicates if a Healthcare Common Procedure Code System (HCPCS) procedure occurred before, on, or after the Date of Service.

Note: This data element is only available on Outpatient services file.

Codes and Values:

1. "-" if the procedure was done before the admit date
- "+" if the procedure was done on or after the admit date
- " " if no procedure was done (field is blank)

OUTPUT Edits on Element:

1. Comparison of the Admission Date and Procedure Date.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SERVICE SEGMENT

Data Element Name: Line Item Number 1-7

Record Position:

Data Element	Record Position	Data Element	Record Position
Line Item Number 1	1178-1180	Line Item Number 5	2250-2252
Line Item Number 2	1446-1448	Line Item Number 6	2518-2520
Line Item Number 3	1714-1716	Line Item Number 7	2786-2788
Line Item Number 4	1982-1984		

Format – Length:

Character - 3

Effective Date:

January 1, 2011

Contained In:

De-Identified Data Set: YES

Limited Data Set: YES

Identifiable Data Set: YES

Deniable Data Element:

No

Description:

Number assigned for differentiation or to reference a line number within a transaction set. This is also referred to as the “Service Line Number” (located in the electronic version of the claim segment). The line number must begin with one and is incremented by one for each additional service line of a claim.

Codes and Values:

1. Values from “1” to “999”.

OUTPUT Edits on Element:

None.

INPUT Edits on Element:

1. Must be between “1” to “999” (entered sequentially).

SERVICE SEGMENT

Data Element Name:

Visit ID 1-7

Record Position:

Data Element	Record Position	Data Element	Record Position
Visit ID 1	1181 -1183	Visit ID 5	2253-2255
Visit ID 2	1449 -1451	Visit ID 6	2521-2523
Visit ID 3	1717-1719	Visit ID 7	2789-2791
Visit ID 4	1985-1987		

Format – Length:

Character - 3

Effective Date:

January 1, 2011

Contained In:

De-Identified Data Set: YES

Limited Data Set: YES

Identifiable Data Set: YES

Deniable Data Element:

No

Description:

Identifies the visit in which line items can be associated with. *For internal DOH use only.*

Codes and Values:

1. Values are generated by the software.

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SERVICE SEGMENT

Data Element Name: Lines in Visit 1-7

Record Position:

Data Element	Record Position	Data Element	Record Position
Lines in Visit 1	1184-1186	Lines in Visit 5	2256-2258
Lines in Visit 2	1452-1454	Lines in Visit 6	2524-2526
Lines in Visit 3	1720-1722	Lines in Visit 7	2792-2794
Lines in Visit 4	1988-1990		

Format – Length:

Character - 3

Effective Date:

January 1, 2011

Contained In:

De-Identified Data Set: YES

Limited Data Set: YES

Identifiable Data Set: YES

Deniable Data Element:

No

Description:Number of lines in APG return buffer with this visit ID. *For internal DOH use only.***Codes and Values:**

1. Values are generated by the software.

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SERVICE SEGMENT

Data Element Name: Visit Date 1-7

Record Position:

Data Element	Record Position	Data Element	Record Position
Visit Date 1	1187-1194	Visit Date 5	2259-2266
Visit Date 2	1455-1462	Visit Date 6	2527-2534
Visit Date 3	1723-1730	Visit Date 7	2795-2802
Visit Date 4	1991-1998		

Record Position for Encrypted*

Data Element	Record Position	Data Element	Record Position
Visit Date 1	3949-3970	Visit Date 5	4125-4146
Visit Date 2	3993-4014	Visit Date 6	4169-4190
Visit Date 3	4037-4058	Visit Date 7	4213-4234
Visit Date 4	4081-4102		

Format – Length:

Character - 8

Format – Length for Encrypted*

Character - 22

Effective Date:

January 1, 2011

Contained In:

De-Identified Data Set: YES; Year only

Limited Data Set: YES – Year and Month only

Identifiable Data Set: YES

Deniable Data Element:

No

Description:

The Visit Date is filled with the earliest date on the claim using the single day visit option associated with the 3M software. The Visit Date is the same as the collected Service Date.

Codes and Values:

1. CCYYMMDD

OUTPUT Edits on Element:

1. The software does not edit the date values. The lowest date is selected.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SERVICE SEGMENT

Data Element Name: Visit Processed Flag 1-7

Record Position:

Data Element	Record Position	Data Element	Record Position
Visit Processed Flag 1	1195	Visit Processed Flag 5	2267
Visit Processed Flag 2	1463	Visit Processed Flag 6	2535
Visit Processed Flag 3	1731	Visit Processed Flag 7	2803
Visit Processed Flag 4	1999		

Format – Length: Character - 1
 Effective Date: January 1, 2011
 Contained In: De-Identified Data Set: YES
 Limited Data Set: YES
 Identifiable Data Set: YES
 Deniable Data Element: No

Description:

The Visit Processed Flag indicates if there were errors during processing.

Codes and Values:

- Values are generated by the software
 “0” = Visit processed without errors or warnings/messages
 “1” = Visit processed with some warnings/messages

OUTPUT Edits on Element:

- This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SERVICE SEGMENT

Data Element Name: Visit Processed Warning/Messages 1-7

Record Position:

Data Element	Record Position	Data Element	Record Position
Visit Proc. Warn/Msg 1	1196 -1205	Visit Proc. Warn/Msg 5	2268-2277
Visit Proc. Warn/Msg 2	1464-1473	Visit Proc. Warn/Msg 6	2536-2545
Visit Proc. Warn/Msg 3	1732-1741	Visit Proc. Warn/Msg 7	2804-2813
Visit Proc. Warn/Msg 4	2000-2009		

Format – Length: Character - 10
 Effective Date: January 1, 2011
 Contained In: De-Identified Data Set: YES
 Limited Data Set: YES
 Identifiable Data Set: YES
 Deniable Data Element: No

Description:

Visit Processed Warning/Messages. *For internal DOH use only.*

Codes and Values:

- The ten (10) character length allows this data element to represent up to five values, each with a 2-byte value:
 - “00” = Visit processed without warnings/messages
 - “01” = Visit processed with some lines unassigned
 - “02” = Visit processed with all lines unassigned
 - “03” = Visit processed with multiple per diems assigned

OUTPUT Edits on Element:

- This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SERVICE SEGMENT

Data Element Name: Overall Visit Type 1-7

Record Position:

Data Element	Record Position	Data Element	Record Position
Overall Visit Type 1	1206-1207	Overall Visit Type 5	2278-2279
Overall Visit Type 2	1474-1475	Overall Visit Type 6	2546-2547
Overall Visit Type 3	1742-1743	Overall Visit Type 7	2814-2815
Overall Visit Type 4	2010-2011		

Format – Length: Character - 2
 Effective Date: January 1, 2011
 Contained In: De-Identified Data Set: YES
 Limited Data Set: YES
 Identifiable Data Set: YES
 Deniable Data Element: No

Description:

The Overall Visit type based on services provided.

Codes and Values:

1. Values are generated by the software.
 - “00” = Undetermined
 - “01” = Per Diem and Significant Procedure Visit
 - “11” = Per Diem and Physical Therapy & Rehabilitation Visit
 - “12” = Per Diem and Mental Health & Counseling Visit
 - “13” = Per Diem and Dental Visit
 - “14” = Per Diem and Radiologic Visit
 - “15” = Per Diem and Other Diagnostic Visit
 - “02” = Per Diem Visit
 - “03” = Significant Procedure/Medical Visit
 - “04” = Significant Procedure Visit
 - “31” = Physical Therapy & Rehabilitation/Medical Visit
 - “41” = Physical Therapy & Rehabilitation Visit
 - “32” = Mental Health & Counseling/Medical Visit
 - “42” = Mental Health & Counseling Visit
 - “33” = Dental/Medical Visit
 - “43” = Dental Procedure Visit
 - “34” = Radiologic/Medical Visit
 - “44” = Radiologic Procedure Visit
 - “35” = Other Diagnostic/Medical Visit
 - “45” = Other Diagnostic Procedure Visit
 - “05” = Medical Visit.
 - “06” = Ancillary Visit
 - “07” = DME, Drug, Incidental only
 - “08” = Unassigned APG assigned only

Note: The overall visit type assignment is in hierarchical order.

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SERVICE SEGMENT

Data Element Name: Medical Visit Diagnosis 1-7

Record Position:

Data Element	Record Position	Data Element	Record Position
Medical Visit Diagnosis 1	1208-1214	Medical Visit Diagnosis 5	2280-2286
Medical Visit Diagnosis 2	1476-1482	Medical Visit Diagnosis 6	2548-2554
Medical Visit Diagnosis 3	1744-1750	Medical Visit Diagnosis 7	2816-2822
Medical Visit Diagnosis 4	2012-2018		

Format – Length:

Character - 7

Effective Date:

January 1, 2011

Contained In:

De-Identified Data Set: YES

Limited Data Set: YES

Identifiable Data Set: YES

Deniable Data Element:

No

Description:Medical Visit Diagnosis reported by facility. *For internal DOH use only.***Codes and Values:**

1. Values are generated by the software.

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SERVICE SEGMENT

Data Element Name: Final APG Assignment 1-7

Record Position:

Data Element	Record Position	Data Element	Record Position
Final APG Assig. 1	1215-1219	Final APG Assig. 5	2287-2291
Final APG Assig. 2	1483-1487	Final APG Assig. 6	2555-2559
Final APG Assig. 3	1751-1755	Final APG Assig. 7	2823-2827
Final APG Assig. 4	2019-2023		

Format – Length:

Character - 5

Effective Date:

January 1, 2011

Contained In:

De-Identified Data Set: YES

Limited Data Set: YES

Identifiable Data Set: YES

Deniable Data Element:

No

Description:

Final APG Assignment.

Codes and Values:

1. Values are generated by the software.

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SERVICE SEGMENT

Data Element Name: Final APG Type 1-7

Record Position:

Data Element	Record Position	Data Element	Record Position
Final APG Type 1	1220-1221	Final APG Type 5	2292-2293
Final APG Type 2	1488-1489	Final APG Type 6	2560-2561
Final APG Type 3	1756-1757	Final APG Type 7	2828-2829
Final APG Type 4	2024-2025		

Format – Length:

Character - 2

Effective Date:

January 1, 2011

Contained In:

De-Identified Data Set: YES

Limited Data Set: YES

Identifiable Data Set: YES

Deniable Data Element:

No

Description:

Ambulatory Patient Group (APG) Type Code is a classification of the procedures which may be performed on an ambulatory basis.

Codes and Values:

1. “01” - Per Diem
 - “02” - Significant Procedure
 - “21” - Physical Therapy & Rehabilitation Procedure
 - “22” - Mental Health & Counseling Procedure
 - “23” - Dental Procedure
 - “24” - Radiologic Procedure
 - “25” - Other Diagnostic Procedure
 - “03” - Medical Visit
 - “04” - Ancillary
 - “05” - Incidental
 - “06” - Drug
 - “07” - DME
 - “08” - Unassigned (gets APG 999, 994, 993)

Note: The final APG Type is in hierarchical order.

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SERVICE SEGMENT

Data Element Name: Final APG Category 1-7

Record Position:

Data Element	Record Position	Data Element	Record Position
Final APG Category 1	1222-1223	Final APG Category 5	2294-2295
Final APG Category 2	1490-1491	Final APG Category 6	2562-2563
Final APG Category 3	1758-1759	Final APG Category 7	2830-2831
Final APG Category 4	2026-2027		

Format – Length: Character - 2
 Effective Date: January 1, 2011
 Contained In: De-Identified Data Set: YES
 Limited Data Set: YES
 Identifiable Data Set: YES
 Deniable Data Element: No

Description:

Final APG Category number and description.

Codes and Values:

- “01” - Skin and integumentary system procedures
- “02” - Breast procedures
- “03” - Musculoskeletal system procedures
- “04” - Respiratory procedures
- “05” - Cardiovascular procedures
- “06” - Hematologic, lymphatic, and endocrine procedures
- “07” - Gastrointestinal system procedures
- “08” - Genitourinary system procedures
- “09” - Male Reproductive system procedures
- “10” - Female Reproductive system procedures
- “11” - Neurologic system procedures
- “12” - Ophthalmologic system procedures
- “13” - Otolaryngologic system procedures
- “14” - Rehabilitation
- “15” - Radiologic procedures
- “16” - Mental illness and substance abuse therapies
- “17” - Nuclear Medicine
- “18” - Radiation Oncology
- “19” - Dental procedures
- “20” - Anesthesia
- “21” - Pathology
- “22” - Laboratory
- “23” - Other ancillary tests and procedures
- “24” - Chemotherapy and other drugs
- “25” - Radiology
- “30” - Incidental procedures and services
- “50” - Observation
- “51” - Major signs, symptoms and findings
- “52” - Diseases and disorders of the nervous system
- “53” - Diseases and disorders of the eye

- “54” - Ear, nose, mouth, throat and craniofacial diseases and disorders
- “55” - Diseases and disorders of the respiratory system
- “56” - Diseases and disorders of the circulatory system
- “57” - Diseases and disorders of the digestive system
- “58” - Diseases and disorders of the hepatobiliary system and pancreas
- “59” - Diseases and disorders of the musculoskeletal system and connective tissue
- “60” - Diseases and disorders of the skin, subcutaneous tissue and breast
- “61” - Endocrine, nutritional and metabolic diseases and disorders
- “62” - Diabetes Mellitus
- “63” - Diseases and disorders of the kidney and urinary tract
- “64” - Diseases and disorders of the male reproductive system
- “65” - Diseases and disorders of the female reproductive system
- “66” - Pregnancy, childbirth and the puerperium
- “67” - Neonates
- “68” - Diseases and disorders of blood, blood forming organs and immunologic disorders
- “69” - Lymphatic, hematopoietic, other malignancies, chemotherapy and radiotherapy
- “70” - Infectious and parasitic diseases, systemic or unspecified sites
- “71” - Mental diseases and disorders
- “72” - Alcohol/drug use and alcohol/drug induced organic mental disorders
- “73” - Poisonings, toxic effects, other injuries and other complications of treatment
- “74” - Burns
- “75” - Rehabilitation, aftercare, other factors influencing health status and other health services
- “76” - Human immunodeficiency virus infections
- “99” - No APG assigned

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SERVICE SEGMENT

Data Element Name: Multiple Significant Procedure (MSP) Discounting Flag 1-7

Record Position:

Data Element	Record Position	Data Element	Record Position
MSP Disc. Flag 1	1224	MSP Disc. Flag 5	2296
MSP Disc. Flag 2	1492	MSP Disc. Flag 6	2564
MSP Disc. Flag 3	1760	MSP Disc. Flag 7	2832
MSP Disc. Flag 4	2028		

Format – Length: Character - 1

Effective Date: January 1, 2011

Contained In: De-Identified Data Set: YES

Limited Data Set: YES

Identifiable Data Set: YES

Deniable Data Element: No

Description:

Discounting provides a way of accounting for duplicate costs accrued when multiple significant procedures, ancillary lab services and/or ancillary non-lab services are performed during the same visit. Multiple significant procedures on the same day are flagged for same day multiple procedure discounting.

Codes and Values:

- Values are generated by the software.
 - “0” = None
 - “1” = Multiple Significant Procedure Discounting Candidate

OUTPUT Edits on Element:

- This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SERVICE SEGMENT

Data Element Name: Repeat Ancillary Discounting Flag 1-7

Record Position:

Data Element	Record Position	Data Element	Record Position
RAD Flag 1	1225	RAD Flag 5	2297
RAD Flag 2	1493	RAD Flag 6	2565
RAD Flag 3	1761	RAD Flag 7	2833
RAD Flag 4	2029		

Format – Length: Character - 1
 Effective Date: January 1, 2011
 Contained In: De-Identified Data Set: YES
 Limited Data Set: YES
 Identifiable Data Set: YES
 Deniable Data Element: No

Description:

Discounting provides a way of accounting for duplicate costs accrued when multiple significant procedures, ancillary lab services and/or ancillary non-lab services are performed during the same visit. Multiple ancillary charges performed on the same visit are flagged with the repeat ancillary discount flag. This discounting only applies to ancillary drug and DME EAPGs.

Codes and Values:

1. "0" - None
 "1" - Repeat Ancillary Discounting applies

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SERVICE SEGMENT

Data Element Name: Bilateral Discounting Flag 1-7

Record Position:

Data Element	Record Position	Data Element	Record Position
Bil. Disc. Flag 1	1226	Bil. Disc. Flag 5	2298
Bil. Disc. Flag 2	1494	Bil. Disc. Flag 6	2566
Bil. Disc. Flag 3	1762	Bil. Disc. Flag 7	2834
Bil. Disc. Flag 4	2030		

Format – Length:

Character - 1

Effective Date:

January 1, 2011

Contained In:

De-Identified Data Set: YES

Limited Data Set: YES

Identifiable Data Set: YES

Deniable Data Element:

No

Description:

Discounting provides a way of accounting for duplicate costs accrued when multiple significant procedures, ancillary lab services and/or ancillary non-lab services are performed during the same visit. The bilateral discounting flag indicates that an identical service is performed on the opposite side of the body at the same session or visit. This discounting applies to bilateral codes that are applied to significant procedures, physical therapy & rehabilitation procedures, dental procedures, radiologic procedures and other diagnostic procedures and ancillary services.

Codes and Values:

1. "0" - None
- "1" - Bilateral discounting applies
- "2" - Surgical bilateral discounting applies
- "3" - Non-surgical bilateral discounting applies

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SERVICE SEGMENT

Data Element Name: Terminated Procedure Discounting Flag 1-7

Record Position:

Data Element	Record Position	Data Element	Record Position
TPD Flag 1	1227	TPD Flag 5	2299
TPD Flag 2	1495	TPD Flag 6	2567
TPD Flag 3	1763	TPD Flag 7	2835
TPD Flag 4	2031		

Format – Length:

Character - 1

Effective Date:

January 1, 2011

Contained In:

De-Identified Data Set: YES

Limited Data Set: YES

Identifiable Data Set: YES

Deniable Data Element:

No

Description:

The terminated procedure flag is applied when a procedure is terminated due to medical complications which would increase the risk to the patient. This discount is for terminated procedures that are significant procedures, physical therapy & rehabilitation procedures, dental procedures, radiologic procedures and other diagnostic procedures and ancillary services.

Codes and Values:

- Values are generated by the software.
 “0” = None
 “1” = Procedure terminated

OUTPUT Edits on Element:

- This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SERVICE SEGMENT

Data Element Name: Line Item Unassigned Flag 1-7

Record Position:

Data Element	Record Position	Data Element	Record Position
LI Unassig. Flag 1	1228-1229	LI Unassig. Flag 5	2300-2301
LI Unassig. Flag 2	1496-1497	LI Unassig. Flag 6	2568-2569
LI Unassig. Flag 3	1764-1765	LI Unassig. Flag 7	2836-2837
LI Unassig. Flag 4	2032-2033		

Format – Length:

Character - 2

Effective Date:

January 1, 2011

Contained In:

De-Identified Data Set: YES

Limited Data Set: YES

Identifiable Data Set: YES

Deniable Data Element:

No

Description:

When a claim is not assigned to an APG code, a value of Unassigned APG (999) is given to line items with a corresponding Line Item Unassigned Flag. The Line Item Unassigned Flag in conjunction with the Unassigned APG value explains why the individual's record was not assigned an APG code.

Codes and Values:

1. "00" = Line item assigned
- "01" = User Ignored (Line Action flag)
- "02" = Inpatient Procedure
- "03" = Invalid Procedure Code
- "04" = Not used by APGs
- "05" = Invalid Dx for Medical visit
- "06" = E-code Dx for medical visit
- "07" = Non-covered care or settings
- "08" = Invalid Date cannot be used (invalid or out of range)
- "09" = Invalid procedure, cannot be blank
- "10" = Direct Per Diem code without qualifying Pdx
- "11" = Observation Condition error
- "12" = DAO Condition error
- "13" = Gender unknown or invalid for medical gender specific APG assignment
- "14" = Home Management
- "15" = User option for Direct PD assignment off
- "16" = EAPG assignment condition not met

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SERVICE SEGMENT

Data Element Name:

Packaging Per Diem Flag 1-7

Record Position:

Data Element	Record Position	Data Element	Record Position
PPD Flag 1	1230	PPD Flag 5	2302
PPD Flag 2	1498	PPD Flag 6	2570
PPD Flag 3	1766	PPD Flag 7	2838
PPD Flag 4	2034		

Format – Length:

Character - 1

Effective Date:

January 1, 2011

Contained In:

De-Identified Data Set: YES

Limited Data Set: YES

Identifiable Data Set: YES

Deniable Data Element:

No

Description:

Packaged Per Diem Flag indicates line item packaged as part of partial hospitalization per diem or daily mental health service per diem.

Codes and Values:

1. “0” = Not Packaged into Per Diem APG
“1” = Packaged into Per Diem APG

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SERVICE SEGMENT

Data Element Name: Packaging Flag 1-7

Record Position:

Data Element	Record Position	Data Element	Record Position
Packaging Flag 1	1231	Packaging Flag 5	2303
Packaging Flag 2	1499	Packaging Flag 6	2571
Packaging Flag 3	1767	Packaging Flag 7	2839
Packaging Flag 4	2035		

Format – Length:

Character - 1

Effective Date:

January 1, 2011

Contained In:

De-Identified Data Set: YES

Limited Data Set: YES

Identifiable Data Set: YES

Deniable Data Element:

No

Description:

Packaging Flag indicates line items that are bundled together, such as anesthesia, supplies, certain drugs, and the use of recovery and observation rooms.

Codes and Values:

- “0” = Not Packaged into Per Diem APG
“1” = Packaged into Per Diem APG

OUTPUT Edits on Element:

This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SERVICE SEGMENT

Data Element Name: Same Significant Procedure (SSP) Consolidation Flag 1-7

Record Position:

Data Element	Record Position	Data Element	Record Position
SSPC Flag 1	1232	SSPC Flag 5	2304
SSPC Flag 2	1500	SSPC Flag 6	2572
SSPC Flag 3	1768	SSPC Flag 7	2840
SSPC Flag 4	2036		

Format – Length: Character - 1
 Effective Date: January 1, 2011
 Contained In: De-Identified Data Set: YES
 Limited Data Set: YES
 Identifiable Data Set: YES
 Deniable Data Element: No

Description:

Same Significant Procedure (SSP) Consolidation Flag is applied when multiple instances of the same significant procedures are performed at the same visit. The Same Significant Procedure (SSP) Consolidation Flag indicates they are consolidated into one for reimbursement.

Codes and Values:

1. "0" = None
 "1" = SSP Consolidation applies

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SERVICE SEGMENT

Data Element Name: Clinical Significant Procedure (CSP) Consolidation Flag 1-7

Record Position:

Data Element	Record Position	Data Element	Record Position
CSPC Flag 1	1233	CSPC Flag 5	2305
CSPC Flag 2	1501	CSPC Flag 6	2573
CSPC Flag 3	1769	CSPC Flag 7	2841
CSPC Flag 4	2037		

Format – Length:

Character - 1

Effective Date:

January 1, 2011

Contained In:

De-Identified Data Set: YES

Limited Data Set: YES

Identifiable Data Set: YES

Deniable Data Element:

No

Description:

The Clinical Significant Procedure (CSP) Consolidation Flag is applied when multiple instances of the same clinical significant procedure is performed at the same visit. The Clinical Significant Procedure (CSP) Consolidation Flag indicates they are consolidated into one for reimbursement.

Codes and Values:

1. "0" = None
"1" = CSP Consolidation applies

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SERVICE SEGMENT

Data Element Name: Line Item Acuity Flag 1-7

Record Position:

Data Element	Record Position	Data Element	Record Position
Line Item Acuity Flag 1	1234-1235	Line Item Acuity Flag 5	2306-2307
Line Item Acuity Flag 2	1502-1503	Line Item Acuity Flag 6	2574-2575
Line Item Acuity Flag 3	1770-1771	Line Item Acuity Flag 7	2842-2843
Line Item Acuity Flag 4	2038-2039		

Format – Length:

Character - 2

Effective Date:

January 1, 2011

Contained In:

De-Identified Data Set: YES

Limited Data Set: YES

Identifiable Data Set: YES

Deniable Data Element:

No

Description:

Indicates if the line item contains a complex or chronic secondary diagnosis code. This field is being flagged due to the presence of Acuity Medical AEPG (Enhanced Ambulatory Patient Group) or Secondary Medical Diagnosis list. *For internal DOH use only.*

Codes and Values:

1. Values are generated by the software.

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SPARCS Outpatient Segment:**Primary Records****SERVICE SEGMENT**

Data Element Name: Service Item ID Number 1-7

Record Position:

Data Element	Record Position	Data Element	Record Position
Service Item ID Number 1	1236-1238	Service Item ID Number 5	2308-2310
Service Item ID Number 2	1504-1506	Service Item ID Number 6	2576-2578
Service Item ID Number 3	1772-1774	Service Item ID Number 7	2844-2846
Service Item ID Number 4	2040-2042		

Format – Length: Character - 3
 Effective Date: January 1, 2011
 Contained In: De-Identified Data Set: YES
 Limited Data Set: YES
 Identifiable Data Set: YES
 Deniable Data Element: No

Description:Service Item ID Number. *For internal DOH use only.***Codes and Values:**

1. Values are generated by the software.

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SERVICE SEGMENT

Data Element Name: Line Item APG Payment 1-7

Record Position:

Data Element	Record Position	Data Element	Record Position
Line Item APG Pay. 1	1239-1246	Line Item APG Pay. 5	2311-2318
Line Item APG Pay. 2	1507-1514	Line Item APG Pay. 6	2579-2586
Line Item APG Pay. 3	1775-1782	Line Item APG Pay. 7	2847-2854
Line Item APG Pay. 4	2043-2050		

Format – Length: Numeric - 8
 Effective Date: January 1, 2011
 Contained In: De-Identified Data Set: YES
 Limited Data Set: YES
 Identifiable Data Set: YES
 Deniable Data Element: No

Description:

The Line Item APG Payment (*Ambulatory Patient Group [APG] Final APG Amount*) is calculated by multiplying the APG Paid Amount by a percentage based on the APG Blend Type code.

Codes and Values:

1. Values are generated by the software.

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SERVICE SEGMENT

Data Element Name: Line Item Existing Payment 1-7

Record Position:

Data Element	Record Position	Data Element	Record Position
Line Item Exis. Pay. 1	1247-1254	Line Item Exis. Pay. 5	2319-2326
Line Item Exis. Pay. 2	1515-1522	Line Item Exis. Pay. 6	2587-2594
Line Item Exis. Pay. 3	1783-1790	Line Item Exis. Pay.t 7	2855-2862
Line Item Exis. Pay. 4	2051-2058		

Format – Length: Numeric - 8
 Effective Date: January 1, 2011
 Contained In: De-Identified Data Set: YES
 Limited Data Set: YES
 Identifiable Data Set: YES
 Deniable Data Element: No

Description:

Line Item Existing Payment (*Ambulatory Patient Group [APG] Existing Paid Amount*) is the calculated dollar amount to be paid to the provider based on a blended rate determined by the State Rate Setting Agencies.

Codes and Values:

1. Values are generated by the software.

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SERVICE SEGMENT

Data Element Name: Line Item Blended Payment 1-7

Record Position:

Data Element	Record Position	Data Element	Record Position
Line Item Blend. Pay. 1	1255-1262	Line Item Blend. Pay. 5	2327-2334
Line Item Blend. Pay. 2	1523-1530	Line Item Blend. Pay. 6	2595-2602
Line Item Blend. Pay. 3	1791-1798	Line Item Blend. Pay. 7	2863-2870
Line Item Blend. Pay. 4	2059-2066		

Format – Length: Numeric - 8
 Effective Date: January 1, 2011
 Contained In: De-Identified Data Set: YES
 Limited Data Set: YES
 Identifiable Data Set: YES
 Deniable Data Element: No

Description:

Line Item Blended Payment (*Ambulatory Patient Group [APG] Blend type Code*) identifies the percentage of the blended rate amount used in calculating the final APG payment amount. It is derived from the Line Item Blended Percent from the 3M Grouper.

Codes and Values:

1. Values are generated by the software.

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SERVICE SEGMENT

Data Element Name: Line Item Add-On Payment 1-7

Record Position:

Data Element	Record Position	Data Element	Record Position
Line Item Add-on Pay. 1	1263-1270	Line Item Add-on Pay. 5	2335-2342
Line Item Add-on Pay. 2	1531-1538	Line Item Add-on Pay. 6	2603-2610
Line Item Add-on Pay. 3	1799-1806	Line Item Add-on Pay. 7	2871-2878
Line Item Add-on Pay. 4	2067-2074		

Format – Length: Numeric - 8
 Effective Date: January 1, 2011
 Contained In: De-Identified Data Set: YES
 Limited Data Set: YES
 Identifiable Data Set: YES
 Deniable Data Element: No

Description:

Line Item Add-on Payment. *For internal DOH use only.*

Codes and Values:

1. Values are generated by the software.

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SERVICE SEGMENT

Data Element Name: Line Item Total Payment 1-7

Record Position:

Data Element	Record Position	Data Element	Record Position
Line Item Tot. Pay. 1	1271-1278	Line Item Tot. Pay. 5	2343-2350
Line Item Tot. Pay. 2	1539-1546	Line Item Tot. Pay. 6	2611-2618
Line Item Tot. Pay. 3	1807-1814	Line Item Tot. Pay. 7	2879-2886
Line Item Tot. Pay. 4	2075-2082		

Format – Length: Numeric - 8
 Effective Date: January 1, 2011
 Contained In: De-Identified Data Set: YES
 Limited Data Set: YES
 Identifiable Data Set: YES
 Deniable Data Element: No

Description:

Line item payment including possible cost outlier payment. *For internal DOH use only.*

Codes and Values:

1. Values are generated by the software.

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SERVICE SEGMENT

Data Element Name: Line Item Blend Percent 1-7

Record Position:

Data Element	Record Position	Data Element	Record Position
Line Item Blend Percent 1	1279-1283	Line Item Blend Percent 5	2351-2355
Line Item Blend Percent 2	1547-1551	Line Item Blend Percent 6	2619-2623
Line Item Blend Percent 3	1815-1819	Line Item Blend Percent 7	2887-2891
Line Item Blend Percent 4	2083-2087		

Format – Length: Numeric - 5
 Effective Date: January 1, 2011
 Contained In: De-Identified Data Set: YES
 Limited Data Set: YES
 Identifiable Data Set: YES
 Deniable Data Element: No

Description:

The percentage used to calculate the blended amount for calculating payment. This is typically in increments of 25%. *For internal DOH use only.*

Codes and Values:

1. Values are generated by the software.

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SERVICE SEGMENT

Data Element Name: Line Item Adjusted APG Weight 1-7

Record Position:

Data Element	Record Position	Data Element	Record Position
Ln. It. Adj. APG Wgt. 1	1284-1292	Ln. It. Adj. APG Wgt. 5	2356-2364
Ln. It. Adj. APG Wgt. 2	1552-1560	Ln. It. Adj. APG Wgt. 6	2624-2632
Ln. It. Adj. APG Wgt. 3	1820-1828	Ln. It. Adj. APG Wgt. 7	2892-2900
Ln. It. Adj. APG Wgt. 4	2088-2096		

Format – Length: Numeric - 9
 Effective Date: January 1, 2011
 Contained In: De-Identified Data Set: YES
 Limited Data Set: YES
 Identifiable Data Set: YES
 Deniable Data Element: No

Description:

Line Item Adjusted APG Weight is the APG weight after discounting and consolidation of the line item. *For internal DOH use only.*

Codes and Values:

1. Values are generated by the software.

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SERVICE SEGMENT

Data Element Name: Line Item Full APG Weight 1-7

Record Position:

Data Element	Record Position	Data Element	Record Position
Ln. Item Full APG Wgt. 1	1293-1301	Ln. Item Full APG Wgt. 5	2365-2373
Ln. Item Full APG Wgt. 2	1561-1569	Ln. Item Full APG Wgt. 6	2633-2641
Ln. Item Full APG Wgt. 3	1829-1837	Ln. Item Full APG Wgt. 7	2901-2909
Ln. Item Full APG Wgt. 4	2097-2105		

Format – Length: Numeric - 9
 Effective Date: January 1, 2011
 Contained In: De-Identified Data Set: YES
 Limited Data Set: YES
 Identifiable Data Set: YES
 Deniable Data Element: No

Description:

Line Item Full APG Weight. *For internal DOH use only.*

Codes and Values:

1. Values are generated by the software.

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SERVICE SEGMENT

Data Element Name: Line Item Payment Percent 1-7

Record Position:

Data Element	Record Position	Data Element	Record Position
Ln. Item Pymt. Perc. 1	1302-1307	Ln. Item Pymt. Perc. 5	2374-2379
Ln. Item Pymt. Perc. 2	1570-1575	Ln. Item Pymt. Perc. 6	2642-2647
Ln. Item Pymt. Perc. 3	1838-1843	Ln. Item Pymt. Perc. 7	2910-2915
Ln. Item Pymt. Perc. 4	2106-2111		

Format – Length: Numeric - 6
 Effective Date: January 1, 2011
 Contained In: De-Identified Data Set: YES
 Limited Data Set: YES
 Identifiable Data Set: YES
 Deniable Data Element: No

Description:

Line Item Payment Percent is the APG percentage after discounting and consolidation. *For internal DOH use only.*

Codes and Values:

1. Values are generated by the software.

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SERVICE SEGMENT

Data Element Name: Line Item Payment Action 1-7

Record Position:

Data Element	Record Position	Data Element	Record Position
Ln. Item Pymt. Act. 1	1308-1309	Ln. Item Pymt. Act. 5	2380-2381
Ln. Item Pymt. Act. 2	1576-1577	Ln. Item Pymt. Act. 6	2648-2649
Ln. Item Pymt. Act. 3	1844-1845	Ln. Item Pymt. Act. 7	2916-2917
Ln. Item Pymt. Act. 4	2112-2113		

Format – Length: Character - 2

Effective Date: January 1, 2011

Contained In: De-Identified Data Set: YES

Limited Data Set: YES

Identifiable Data Set: YES

Deniable Data Element: No

Description:

Line Item Payment Action describes how the line is paid depending upon the remainder of the claim. It could be paid fully, consolidated, discounted, or packaged.

Codes and Values:

- Values are generated by the software.

"00" = Not processed

"01" = Full Payment

"02" = Consolidated

"03" = Discounted

"04" = Packaged

"05" = No Payment

"06" = Bilateral

"07" = Discounted Bilateral

"08" = Stand Alone

"09" = Excluded

"10" = Per Diem

"11" = Low Cost Outlier

"12" = High Cost Outlier

"13" = Alternate Payment

"14" = Manually Priced

"19" = Never pay

OUTPUT Edits on Element:

- This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SERVICE SEGMENT

Data Element Name: Line Item Paid Units 1-7

Record Position:

Data Element	Record Position	Data Element	Record Position
Line Item Paid Units 1	1310-1316	Line Item Paid Units 5	2382-2388
Line Item Paid Units 2	1578-1584	Line Item Paid Units 6	2650-2656
Line Item Paid Units 3	1846-1852	Line Item Paid Units 7	2918-2924
Line Item Paid Units 4	2114-2120		

Format – Length: Character - 7

Effective Date: January 1, 2011

Contained In: De-Identified Data Set: YES

Limited Data Set: YES

Identifiable Data Set: YES

Deniable Data Element: No

Description:Line Item Paid Units are the number of units paid. *For internal DOH use only.***Codes and Values:**

1. Values are generated by the software.

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SERVICE SEGMENT

Data Element Name: Line Item Payment Adjustment Flag 1-7

Record Position:

Data Element	Record Position	Data Element	Record Position
Ln. Item Pymt. Adj. Flag 1	1317-1318	Ln. Item Pymt. Adj. Flag 1	2389-2390
Ln. Item Pymt. Adj. Flag 12	1585-1586	Ln. Item Pymt. Adj. Flag 16	2657-2658
Ln. Item Pymt. Adj. Flag 13	1853-1854	Ln. Item Pymt. Adj. Flag 17	2925-2926
Ln. Item Pymt. Adj. Flag 14	2121-2122		

Format – Length: Character - 2
 Effective Date: January 1, 2011
 Contained In: De-Identified Data Set: YES
 Limited Data Set: YES
 Identifiable Data Set: YES
 Deniable Data Element: No

Description:

The description is maintained within the software package.

Codes and Values:

1. "00"= Standard APG weight, non-units based
- "01"= Standard APG weight, units based
- "02"= Alternate weight, non-units based
- "03"= Alternate weight, units based

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SERVICE SEGMENT

Data Element Name: Visit APG Payment 1-7

Record Position:

Data Element	Record Position	Data Element	Record Position
Visit APG Payment 1	1319-1326	Visit APG Payment 5	2391-2398
Visit APG Payment 2	1587-1594	Visit APG Payment 6	2659-2666
Visit APG Payment 3	1855-1862	Visit APG Payment 7	2927-2934
Visit APG Payment 4	2123-2130		

Format – Length: Numeric - 8
 Effective Date: January 1, 2011
 Contained In: De-Identified Data Set: YES
 Limited Data Set: YES
 Identifiable Data Set: YES
 Deniable Data Element: No

Description:

Visit APG Payment (*Ambulatory Patient Group [APG] Paid Amount*) is the calculated dollar value that will be paid to a provider.

Codes and Values:

1. Values are generated by the software.

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SERVICE SEGMENT

Data Element Name: Visit Transition APG Payment 1-7

Record Position:

Data Element	Record Position	Data Element	Record Position
Visit Trans. APG Pymt. 1	1327-1334	Visit Trans. APG Pymt. 5	2399-2406
Visit Trans. APG Pymt. 2	1595-1602	Visit Trans. APG Pymt. 6	2667-2674
Visit Trans. APG Pymt.	1863-1870	Visit Trans. APG Pymt. 7	2935-2942
Visit Trans. APG Pymt. 4	2131-2138		

Format – Length: Numeric - 8
 Effective Date: January 1, 2011
 Contained In: De-Identified Data Set: YES
 Limited Data Set: YES
 Identifiable Data Set: YES
 Deniable Data Element: No

Description:

Visit Transition APG Payment is the amount paid based on the calculated values of both the existing payment and the blended payment combined to create the total APG payment specified phase. *For internal DOH use only.*

Codes and Values:

1. Values are generated by the software.

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SERVICE SEGMENT

Data Element Name: Visit Existing Payment 1-7

Record Position:

Data Element	Record Position	Data Element	Record Position
Visit Ex. Pymt 1	1335-1342	Visit Ex. Pymt 5	2407-2414
Visit Ex. Pymt 2	1603-1610	Visit Ex. Pymt 6	2675-2682
Visit Ex. Pymt 3	1871-1878	Visit Ex. Pymt 7	2943-2950
Visit Ex. Pymt 4	2139-2146		

Format – Length: Numeric - 8
 Effective Date: January 1, 2011
 Contained In: De-Identified Data Set: YES
 Limited Data Set: YES
 Identifiable Data Set: YES
 Deniable Data Element: No

Description:

Visit Existing Payment is used for blending purposed and is based upon a provider's average per visit reimbursement for services moving to APGS for calendar year 2007. *For internal DOH use only.*

Codes and Values:

1. Values are generated by the software.

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SERVICE SEGMENT

Data Element Name: Visit Blended Payment 1-7

Record Position:

Data Element	Record Position	Data Element	Record Position
Visit Blend. Pymt. 1	1343-1350	Visit Blend. Pymt. 5	2415-2422
Visit Blend. Pymt. 2	1611-1618	Visit Blend. Pymt. 6	2683-2690
Visit Blend. Pymt. 3	1879-1886	Visit Blend. Pymt. 7	2951-2958
Visit Blend. Pymt. 4	2147-2154		

Format – Length: Numeric - 8
 Effective Date: January 1, 2011
 Contained In: De-Identified Data Set: YES
 Limited Data Set: YES
 Identifiable Data Set: YES
 Deniable Data Element: No

Description:

Visit Blended Payment is the amount that the APG methodology would calculate for the visit based upon the coded procedures and diagnosis. *For internal DOH use only.*

Codes and Values:

1. Values are generated by the software.

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SERVICE SEGMENT

Data Element Name: Visit Add-On Payment 1-7

Record Position:

Data Element	Record Position	Data Element	Record Position
Visit Add-on Pymt. 1	1351-1358	Visit Add-on Pymt. 5	2423-2430
Visit Add-on Pymt. 2	1619-1626	Visit Add-on Pymt. 6	2691-2698
Visit Add-on Pymt. 3	1887-1894	Visit Add-on Pymt. 7	2959-2966
Visit Add-on Pymt. 4	2155-2162		

Format – Length: Numeric - 8
 Effective Date: January 1, 2011
 Contained In: De-Identified Data Set: YES
 Limited Data Set: YES
 Identifiable Data Set: YES
 Deniable Data Element: No

Description:

Visit Add-On Payment is the fixed add-on payment for the visit. *For internal DOH use only.*

Codes and Values:

1. Values are generated by the software.

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SERVICE SEGMENT

Data Element Name: Visit Payment 1-7

Record Position:

Data Element	Record Position	Data Element	Record Position
Visit Payment 1	1359-1366	Visit Payment 5	2431-2438
Visit Payment 2	1627-1634	Visit Payment 6	2699-2706
Visit Payment 3	1895-1902	Visit Payment 7	2967-2974
Visit Payment 4	2163-2170		

Format – Length: Numeric - 8
 Effective Date: January 1, 2011
 Contained In: De-Identified Data Set: YES
 Limited Data Set: YES
 Identifiable Data Set: YES
 Deniable Data Element: No

Description:

Visit Payment is the payment for the visit not including outlier payment and revenue code add-on.

Codes and Values:

1. Values are generated by the software.

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SERVICE SEGMENT

Data Element Name: Visit Non-Transition Payment1-7

Record Position:

Data Element	Record Position	Data Element	Record Position
Visit Non-Trans. Pymt. 1	1367-1374	Visit Non-Trans. Pymt. 1	2439-2446
Visit Non-Trans. Pymt. 2	1635-1642	Visit Non-Trans. Pymt. 6	2707-2714
Visit Non-Trans. Pymt. 3	1903-1910	Visit Non-Trans. Pymt. 7	2975-2982
Visit Non-Trans. Pymt. 4	2171-2178		

Format – Length: Numeric - 8
 Effective Date: January 1, 2011
 Contained In: De-Identified Data Set: YES
 Limited Data Set: YES
 Identifiable Data Set: YES
 Deniable Data Element: No

Description:

Visit Non-Transition Payment is the amount paid based solely on the fully blended payment (100%) to create the total APG payment during the specified phase. *For internal DOH use only.*

Codes and Values:

1. Values are generated by the software.

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SERVICE SEGMENT

Data Element Name: Visit Adjusted APG Weight 1-7

Record Position:

Data Element	Record Position	Data Element	Record Position
Visit Adj. APG Wgt. 1	1375-1383	Visit Adj. APG Wgt. 5	2447-2455
Visit Adj. APG Wgt. 2	1643-1651	Visit Adj. APG Wgt. 6	2715-2723
Visit Adj. APG Wgt. 3	1911-1919	Visit Adj. APG Wgt. 7	2983-2991
Visit Adj. APG Wgt. 4	2179-2187		

Format – Length: Numeric - 9
 Effective Date: January 1, 2011
 Contained In: De-Identified Data Set: YES
 Limited Data Set: YES
 Identifiable Data Set: YES
 Deniable Data Element: No

Description:

Visit Adjusted APG Weight is the sum of adjusted APG weights for the visit. *For internal DOH use only.*

Codes and Values:

1. Values are generated by the software.

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SERVICE SEGMENT

Data Element Name: Visit Full APG Weight 1-7

Record Position:

Data Element	Record Position	Data Element	Record Position
Visit Full APG Wgt. 1	1384-1392	Visit Full APG Wgt. 5	2456-2464
Visit Full APG Wgt. 2	1652-1660	Visit Full APG Wgt. 6	2724-2732
Visit Full APG Wgt. 3	1920-1928	Visit Full APG Wgt. 7	2992-3000
Visit Full APG Wgt. 4	2188-2196		

Format – Length: Numeric - 9
 Effective Date: January 1, 2011
 Contained In: De-Identified Data Set: YES
 Limited Data Set: YES
 Identifiable Data Set: YES
 Deniable Data Element: No

Description:

Visit Full APG Weight is the sum of APG weights for the visit. *For internal DOH use only.*

Codes and Values:

1. Values are generated by the software.

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

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IV. CONTINUATION RECORDS

V. Continuation Records

Common Portion of All Records

SPARCS Outpatient Segment:

Data Element Name:
Record Position:
Format – Length:
Effective Date:
Contained in:

Common Detail

Discharge Sequential Number
1-14
Numeric – 14
May 1, 2005
De-Identified Data Set: YES
Limited Data Set: YES
Identifiable Data Set: YES
No

Deniable Data Element:

Description:

The discharge year plus an eight digit sequentially assigned number by SPARCS. This data element is used to identify each discharge. It is also used to link the primary and continuation records.

Codes and Values:

1. An assigned numeric value.

OUTPUT Edits on Element:

1. Must be a numeric value.
2. If Abortion Flag equals 'Y' then the Discharge Number is reconfigured.

INPUT Edits on Element:

Not applicable. This is a derived field.

SPARCS Outpatient Segment:

Data Element Name:
Record Position:
Format – Length:
Effective Date:
Contained in:

Common Detail

Continuation Indicator
15
Numeric – 1
May 1, 2005
De-Identified Data Set: YES
Limited Data Set: YES
Identifiable Data Set: YES
No

Description:

A code which indicates if continuation records exist for this visit. This is a derived data element.

Codes and Values:

1. 0 = no continuation records
2. A value of 1 or greater means this is a continuation record.

OUTPUT Edits on Element:

1. Must be a numeric value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SPARCS Outpatient Segment:

Data Element Name:
Record Position:
Format – Length:
Effective Date:
Contained in:

Common Detail

Record Sequence Number
16 - 18
Numeric- 3
January 1, 1994
De-Identified Data Set: YES
Limited Data Set: YES
Identifiable Data Set: YES
No

Deniable Data Element:

Description:

The number assigned by SPARCS to indicate the record's position within a set of records for a particular patient visit.

This number is sequential (001, 002, etc.). For example, the Record Sequence Number for the second record in a set of 3 records for a particular patient stay/discharge is set equal to 002. All primary records will have a record sequence number equal to 001.

Codes and Values:

1. Right justified and zero filled.
2. Primary Record = 001
3. Continuation Records = 002 to 092

OUTPUT Edits on Element:

1. Must be numeric (001 to 092).

INPUT Edits on Element:

Not applicable. This is a derived data element.

SPARCS Outpatient Segment:

Data Element Name:
Record Position:
Format – Length:
Effective Date:
Contained in:

Common Detail

Record Sequence Count
19 - 21
Character - 3
January 1, 1994
De-Identified Data Set: YES
Limited Data Set: YES
Identifiable Data Set: YES
No

Deniable Data Element:

Description:

The total number of records reported for a particular patient stay/discharge.

This data element is assigned in conjunction with Record Sequence Number.

A patient discharge will result in one primary record and possible continuation records. All primary records will have a Record Sequence Number equal to 001. If a patient discharge has a Record Sequence Count equal to 005, this means there is a total of five records containing information for that patient stay; the primary record and four continuation records.

Codes and Values:

1. Right justified and zero filled.

OUTPUT Edits on Element:

1. Must be numeric (001 to 092).

INPUT Edits on Element:

Not applicable. This is a derived data element.

SPARCS Outpatient Segment:**Continuation Records**

Data Element Name: Revenue Code 8-18 (*previously called Outpatient Ancillary Revenue Code*)

Data Element	Record Position	Data Element	Record Position
Rev Code 8	53 - 56	Rev Code 14	1661 - 1664
Rev Code 9	321 - 324	Rev Code 15	1929 - 1932
Rev Code 10	589 - 592	Rev Code 16	2197 - 2200
Rev Code 11	857 - 860	Rev Code 17	2465 - 2468
Rev Code 12	1125 - 1128	Rev Code 18	2733 - 2736
Rev Code 13	1393 - 1396		

Format – Length: Character - 4

Effective Date: January 1, 1982

Contained In: De-Identified Data Set: YES

Limited Data Set: YES

Identifiable Data Set: YES

Deniable Data Element: No

Description

Revenue Codes identify specific accommodations, ancillary service or unique billing calculations or arrangements. The code set is maintained by the National Uniform Bill Committee (NUBC). The record positions above reflect the first continuation record; there can be up to 92 continuation records.

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 outpatient services providers should report the corresponding HCPCS code for the service along with the date of service as well as the revenue code.
2. 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.
3. 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

OUTPUT Edits on Element:

None.

INPUT Edits on Element:

1. If a 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. For outpatient claims, there must be at least one total and one 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.

Note:

SPARCS allows for a maximum of 999 service lines to be reported.

SPARCS Outpatient Segment:**Continuation Records**

Data Element Name:

Revenue Type 8-18

Record Position:

Data Element	Record Position	Data Element	Record Position
Revenue Type 8	57	Revenue Type 14	1665
Revenue Type 9	325	Revenue Type 15	1933
Revenue Type 10	593	Revenue Type 16	2201
Revenue Type 11	861	Revenue Type 17	2469
Revenue Type 12	1129	Revenue Type 18	2737
Revenue Type 13	1397		

Format – Length:

Character - 1

Effective Date:

January 1, 2011

Contained In:

De-Identified Data Set: YES

Limited Data Set: YES

Identifiable Data Set: YES

Deniable Data Element:

No

Description:

The Revenue Type identifies the type of revenue code utilized, and is grouped into two categories: accommodation codes and ancillary codes.

Codes and Values:

1. "A" = Accommodation
"R" = Ancillary

OUTPUT Edits on Element:

This is a derived data element based on Revenue codes.

INPUT Edits on Element:

None.

SPARCS Outpatient Segment:**Continuation Records**

Data Element Name: HCPCS/CPT Procedure Code 8-18

Record Position:

Data Element	Record Position	Data Element	Record Position
HCPCS/CPT Proc. 8	58-62	HCPCS/CPT Proc. 14	1666-1670
HCPCS/CPT Proc. 9	326-330	HCPCS/CPT Proc. 15	1934-1938
HCPCS/CPT Proc. 10	594-598	HCPCS/CPT Proc. 16	2202-2206
HCPCS/CPT Proc. 11	862-866	HCPCS/CPT Proc. 17	2470-2474
HCPCS/CPT Proc. 12	1130-1134	HCPCS/CPT Proc. 18	2738-2742
HCPCS/CPT Proc. 13	1398-1402		

Format – Length:

Character - 5

Effective Date:

January 1, 1982

Contained In:

De-Identified Data Set: YES

Limited Data Set: YES

Identifiable Data Set: YES

Deniable Data Element:

No

Description:

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 apply to the outpatient procedure performed and associated with each line of service.

Codes and Values:

1. Must have been right justified and zero filled.
2. 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 ambulatory surgery and emergency department procedures.
3. If this field was not applicable, it contains zeroes.

OUTPUT Edits on Element:

None.

INPUT Edits on Element:

1. A valid CPT-4 or HCPCS code must be entered.
2. SPARCS allows a maximum of 999 CPT-4 and HCPCS codes.

SPARCS Outpatient Segment:**Continuation Records**

Data Element Name:

Procedure Modifier Code #1 - 8-18

Record Position:

Data Element	Record Position	Data Element	Record Position
Proc. Modifier #1 8	63-64	Proc. Modifier #1 14	1671-1672
Proc. Modifier #1 9	331-332	Proc. Modifier #1 15	1939-1940
Proc. Modifier #1 10	599-600	Proc. Modifier #1 16	2207-2208
Proc. Modifier #1 11	867-868	Proc. Modifier #1 17	2475-2476
Proc. Modifier #1-12	1135-1136	Proc. Modifier #1 18	2743-2744
Proc. Modifier #1 13	1403-1404		

Format – Length:

Character - 2

Effective Date:

January 1, 1982

Contained In:

De-Identified Data Set: YES

Limited Data Set: YES

Identifiable Data Set: YES

Deniable Data Element:

No

Description:

The modifier clarifies or improves the reporting accuracy of the associated procedure code. These codes are from the American Medical Association's Current Procedural Terminology 4th Edition (CPT-4) or the Healthcare Common Procedure Coding System (HCPCS), and applicable to the outpatient procedure performed and associated with each line of service.

Codes and Values:

1. Must have been right justified and zero filled.
2. 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 ambulatory surgery and emergency department procedures.
3. If this field was not applicable, it contains zeroes.

OUTPUT Edits on Element:

None.

INPUT Edits on Element:

1. Edits pertaining to CPT-4 and HCPCS codes are validated on the basis of the Statement-Thru Date.
2. If CPT-4/HCPCS & Modifier 1 is entered; the associated Outpatient Revenue Code, Charges and Non-Covered Charges must also be reported.
3. SPARCS allows a maximum of 999 CPT-4 and HCPCS codes.

SPARCS Outpatient Segment:**Continuation Records**

Data Element Name:

Procedure Modifier Code #2 - 8-18

Record Position:

Data Element	Record Position	Data Element	Record Position
Proc. Modifier #2-8	65-66	Proc. Modifier #2-14	1673-1674
Proc. Modifier #2-9	333-334	Proc. Modifier #2-15	1941-1942
Proc. Modifier #2-10	601-602	Proc. Modifier #2-16	2209-2210
Proc. Modifier #2-11	869-870	Proc. Modifier #2-17	2477-2478
Proc. Modifier #2-12	1137-1138	Proc. Modifier #2-18	2745-2746
Proc. Modifier #2-13	1405-1406		

Format – Length:

Character - 2

Effective Date:

January 1, 1982

Contained In:

De-Identified Data Set: YES

Limited Data Set: YES

Identifiable Data Set: YES

Deniable Data Element:

No

Description:

The modifier clarifies or improves the reporting accuracy of the associated procedure code. These codes are from the American Medical Association's Current Procedural Terminology 4th Edition (CPT-4) code or the Healthcare Common Procedure Coding System (HCPCS) code and modifiers, and applicable to the outpatient procedure performed and associated with each line of service.

Codes and Values:

1. Must have been right justified and zero filled.
2. 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 ambulatory surgery and emergency department procedures performed.
3. If this field was not applicable, it contains zeroes.

OUTPUT Edits on Element:

None.

INPUT Edits on Element:

1. Edits pertaining to CPT-4 and HCPCS codes are validated on the basis of the Statement-Thru Date.
2. If CPT-4/HCPCS & Modifier 2 is entered, the associated Outpatient Revenue Code, Charges and Non-Covered Charges must also be reported.
3. SPARCS allows a maximum of 999 CPT-4 and HCPCS codes

SPARCS Outpatient Segment:**Continuation Records**

Data Element Name:

Service Charge 8 - 18 (*previously Accommodation Total Charges and Outpatient Ancillary Total Charges*)

Record Position:

Data Element	Record Position	Data Element	Record Position
Svc. Chrg. 8	67-76	Svc. Chrg. 14	1675-1684
Svc. Chrg. 9	335-344	Svc. Chrg. 15	1943-1952
Svc. Chrg. 10	603-612	Svc. Chrg. 16	2211-2220
Svc. Chrg. 11	871-880	Svc. Chrg. 17	2479-2488
Svc. Chrg. 12	1139-1148	Svc. Chrg. 18	2747-2756
Svc. Chrg. 13	1407-1416		

Format – Length:

Character - 10

Effective Date:

January 1, 1982

Contained In:

De-Identified Data Set: YES

Limited Data Set: YES

Identifiable Data Set: YES

Deniable Data Element:**Description:**

The amount of submitted charges on the service line segment for this visit. This will be the charges (accommodations charges and ancillary charges) incurred by the patient during the billing period that will be submitted to the primary payer.

Codes and Values:

1. Must have been right justified and zero filled.
2. This amount was defined with **TWO** implied decimal places and must have been entered as a positive amount.

OUTPUT Edits on Element:

None.

INPUT Edits on Element:

Not applicable.

SPARCS Outpatient Segment:**Continuation Records**

Data Element Name:

Unit Type 8 - 18

Record Position:

Data Element	Record Position	Data Element	Record Position
Unit Type 8	77-78	Unit Type 14	1685-1686
Unit Type 9	345-346	Unit Type 15	1953-1954
Unit Type 10	613-614	Unit Type 16	2221-2222
Unit Type 11	881-882	Unit Type 17	2489-2490
Unit Type 12	1149-1150	Unit Type 18	2757-2758
Unit Type 13	1417-1418		

Format – Length:

Character - 2

Effective Date:

January 1, 2011

Contained In:

De-Identified Data Set: YES

Limited Data Set: YES

Identifiable Data Set: YES

Deniable Data Element:**Description:**

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

“UN” = Unit

OUTPUT Edits on Element:

None.

INPUT Edits on Element:

1. Must equal “DA” or “UN” when service line charges are reported.
2. SPARCS allows for a maximum of 999 service lines to be reported.

SPARCS Outpatient Segment:**Continuation Records**

Data Element Name:

Unit Quantity 8 - 18

Record Position:

Data Element	Record Position	Data Element	Record Position
Unit Quantity 8	79-86	Unit Quantity 14	1687-1694
Unit Quantity 9	347-354	Unit Quantity 15	1955-1962
Unit Quantity 10	615-622	Unit Quantity 16	2223-2230
Unit Quantity 11	883-890	Unit Quantity 17	2491-2498
Unit Quantity 12	1151-1158	Unit Quantity 18	2759-2766
Unit Quantity 13	1419-1426		

Format – Length:

Number - 8

Effective Date:

January 1, 2011

Contained In:

De-Identified Data Set: YES

Limited Data Set: YES

Identifiable Data Set: YES

Deniable Data Element:

Description:

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.

OUTPUT Edits on Element:

None.

INPUT Edits on Element:

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 Thru 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.
3. When reporting units, the value can be reported as 1 or more based on the provider's practice, health plan requirements or regulations.
4. 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 regulations.
5. A zero or negative value is not allowed.

Note: SPARCS allows for a maximum of 999 service lines to be reported.

SPARCS Outpatient Segment:**Continuation Records**

Data Element Name: Non-Covered Charge 8 - 18 (*previously Accommodation Total Charges and Inpatient Ancillary Total Non-covered Charges*)

Record Position:

Data Element	Record Position	Data Element	Record Position
Non-Cov Chrg 8	87-96	Non-Cov Chrg 14	1695-1704
Non-Cov Chrg 9	355-364	Non-Cov Chrg 15	1963-1972
Non-Cov Chrg 10	623-632	Non-Cov Chrg 16	2231-2240
Non-Cov Chrg 11	891-900	Non-Cov Chrg 17	2499-2508
Non-Cov Chrg 12	1159-1168	Non-Cov Chrg 18	2767-2776
Non-Cov Chrg 13	1427-1436		

Format – Length:

Number - 10

Effective Date:

January 1, 1982

Contained In:

De-Identified Data Set: YES

Limited Data Set: YES

Identifiable Data Set: YES

Deniable Data Element:

No

Description:

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

OUTPUT Edits on Element:

None.

INPUT Edits on Element:

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.

Note: SPARCS allows for a maximum of 999 service lines to be reported.

SPARCS Outpatient Segment:**Continuation Records**

Data Element Name:

Service Date 8 -18

Record Position:

Data Element	Record Position	Data Element	Record Position
Service Date 8	97-104	Service Date 14	1705-1712
Service Date 9	365-372	Service Date 15	1973-1980
Service Date 10	633-640	Service Date 16	2241-2248
Service Date 11	901-908	Service Date 17	2509-2516
Service Date 12	1169-1176	Service Date 18	2777-2784
Service Date 13	1437-1444		

Record Position for Encrypted*

Data Element	Record Position	Data Element	Record Position
Service Date 8	3201-3222	Service Date 14	3465-3486
Service Date 9	3245-3266	Service Date 15	3509-3530
Service Date 10	3289-3310	Service Date 16	3553-3574
Service Date 11	3333-3354	Service Date 17	3597-3618
Service Date 12	3377-3398	Service Date 18	3641-3662
Service Date 13	3421-3442		

Format – Length:

Character - 8

Format – Length for Encrypted*

Character - 22

Effective Date:

January 1, 2011

Contained In:

De-Identified Data Set: YES – Year Only

Limited Data Set: YES – Year and Month

Identifiable Data Set: YES

Deniable Data Element:

This field is composed of both non-deniable and deniable components. **The 2-digit day is deniable and is ONLY present on the Master file. See [Appendix Z](#) for release restrictions.

Description:

The date the outpatient service was provided. When more than one service was provided on different dates, report each date of service.

Note: This data element is only available on Outpatient services file.

Codes and Values:

1. CCYYMMDD (Century Year Month Day)
2. Must have been a valid date in accordance with the Date Edit Validation Table in Appendix A.
3. If this field was not applicable, it must contain blanks.
4. .

OUTPUT Edits on Element:

None.

INPUT Edits on Element:

1. Must have been a valid date.

Data Element Name: Pre-Visit Procedure Indicator 8-18

Record Position:

Data Element	Record Position	Data Element	Record Position
Pre-Visit Proc. Ind. 8	105	Pre-Visit Proc. Ind. 14	1713
Pre-Visit Proc. Ind. 9	373	Pre-Visit Proc. Ind. 15	1981
Pre-Visit Proc. Ind. 10	641	Pre-Visit Proc. Ind. 16	2249
Pre-Visit Proc. Ind. 11	909	Pre-Visit Proc. Ind. 17	2517
Pre-Visit Proc. Ind. 12	1177	Pre-Visit Proc. Ind. 18	2785
Pre-Visit Proc. Ind. 13	1445		

Format – Length: Character - 1
 Effective Date: January 1, 2011
 Contained In: De-Identified Data Set: YES
 Limited Data Set: YES
 Identifiable Data Set: YES
 Deniable Data Element: No

Description:

Indicates if a Healthcare Common Procedure Code System (HCPCS) procedure occurred before, on, or after the Date of Service.

Note: This data element is only available on Outpatient services file.

Codes and Values:

- "-" if the procedure was done before the admit date
 "+" if the procedure was done on or after the admit date
 " " if no procedure was done (field is blank)

OUTPUT Edits on Element:

- Comparison of the Admission Date and Procedure Date.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SPARCS Outpatient Segment:**Continuation Records**

Data Element Name: Line Item Number 8-18

Record Position:

Data Element	Record Position	Data Element	Record Position
Line Item Number 8	106-108	Line Item Number 14	1714-1716
Line Item Number 9	374-376	Line Item Number 15	1982-1984
Line Item Number 10	642-644	Line Item Number 16	2250-2252
Line Item Number 11	910-912	Line Item Number 17	2518-2520
Line Item Number 12	1178-1180	Line Item Number 18	2786-2788
Line Item Number 13	1446-1448		

Format – Length: Character - 3
 Effective Date: January 1, 2011
 Contained In: De-Identified Data Set: YES
 Limited Data Set: YES
 Identifiable Data Set: YES
 Deniable Data Element: No

Description:

Number assigned for differentiation or to reference a line number within a transaction set. This is also referred to as the “Service Line Number” (located in the electronic version of the claim segment). The line number 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.

OUTPUT Edits on Element:

None.

INPUT Edits on Element:

1. Must enter a numeric value from 1 to 999 (entered sequentially).

SPARCS Outpatient Segment:**Continuation Records**

Data Element Name: Visit ID 8-18

Record Position:

Data Element	Record Position	Data Element	Record Position
Visit ID 8	109-111	Visit ID 14	1717-1719
Visit ID 9	377-379	Visit ID 16	1985-1987
Visit ID 10	645-647	Visit ID 16	2253-2255
Visit ID 11	913-915	Visit ID 17	2521-2523
Visit ID 12	1181-1183	Visit ID 18	2789-2791
Visit ID 13	1449-1451		

Format – Length:

Character - 3

Effective Date:

January 1, 2011

Contained In:

De-Identified Data Set: YES – Year only

Limited Data Set: YES – Year and Month only

Identifiable Data Set: YES

Deniable Data Element:

No

Description:Identifies the visit in which line items can be associated with. *For internal DOH use only.***Codes and Values:**

1. Values are generated by the software.

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SPARCS Outpatient Segment:**Continuation Records**

Data Element Name:

Lines in Visit 8-18

Record Position:

Data Element	Record Position	Data Element	Record Position
Lines in Visit 8	112-114	Lines in Visit 14	1720-1722
Lines in Visit 9	380-382	Lines in Visit 15	1988-1990
Lines in Visit 10	648-650	Lines in Visit 16	2256-2258
Lines in Visit 11	916-918	Lines in Visit 17	2524-2526
Lines in Visit 12	1184-1186	Lines in Visit 18	2792-2794
Lines in Visit 13	1452-1454		

Format – Length:

Character - 3

Effective Date:

January 1, 2011

Contained In:

De-Identified Data Set: YES

Limited Data Set: YES

Identifiable Data Set: YES

Deniable Data Element:

No

Description:

Number of lines in APG return buffer with this visit ID. *For internal DOH use only.*

Codes and Values:

1. Values are generated by the software.

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SPARCS Outpatient Segment:**Continuation Records**

Data Element Name:

Visit Date 8-18

Record Position:

Data Element	Record Position	Data Element	Record Position
Visit Date 8	115-122	Visit Date 14	1723-1730
Visit Date 9	383-390	Visit Date 15	1991-1998
Visit Date 10	651-658	Visit Date 16	2259-2266
Visit Date 11	919-926	Visit Date 17	2527-2534
Visit Date 12	1187-1194	Visit Date 18	2795-2802
Visit Date 13	1455-1462		

Record Position for Encrypted*

Data Element	Record Position	Data Element	Record Position
Visit Date 8	3223-3244	Visit Date 14	3487-3508
Visit Date 9	3267-3288	Visit Date 15	3531-3552
Visit Date 10	3311-3332	Visit Date 16	3575-3596
Visit Date 11	3355-3376	Visit Date 17	3619-3640
Visit Date 12	3399-3420	Visit Date 18	3663-3684
Visit Date 13	3443-3464		

Format – Length:

Character - 8

Format – Length for Encrypted*

Character - 22

Effective Date:

January 1, 2011

Contained In:

De-Identified Data Set: YES – Year only

Limited Data Set: YES – Year and Month only

Identifiable Data Set: YES

Deniable Data Element:

No

Description:

The Visit Date is filled with the lowest date on the claim using the single day visit option associated with the 3M software. The Visit Date is the same as the collected Service Date.

Codes and Values:

1. CCYYMMDD

OUTPUT Edits on Element:

1. The software does not edit the date values. The lowest date is selected.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SPARCS Outpatient Segment:**Continuation Records**

Data Element Name: Visit Processed Flag 8-18

Record Position:

Data Element	Record Position	Data Element	Record Position
Visit Processed Flag 8	123	Visit Processed Flag 14	1731
Visit Processed Flag 9	391	Visit Processed Flag 15	1999
Visit Processed Flag 10	659	Visit Processed Flag 16	2267
Visit Processed Flag 11	927	Visit Processed Flag 17	2535
Visit Processed Flag 12	1195	Visit Processed Flag 18	2803
Visit Processed Flag 13	1463		

Format – Length:

Character - 1

Effective Date:

January 1, 2011

Contained In:

De-Identified Data Set: YES

Limited Data Set: YES

Identifiable Data Set: YES

Deniable Data Element:

No

Description:

The Visit Processed Flag indicates if there were errors during processing.

Codes and Values:

- Values are generated by the software
 - “0” = Visit processed without errors or warnings/messages
 - “1” = Visit processed with some warnings/messages

OUTPUT Edits on Element:

- This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SPARCS Outpatient Segment:**Continuation Records**

Data Element Name: Visit Processed Warning/Messages 1-7

Record Position:

Data Element	Record Position	Data Element	Record Position
Visit Proc. Warn./Msgs. 8	124-133	Visit Proc. Warn./Msgs. 14	1732-1741
Visit Proc. Warn./Msgs. 9	392-401	Visit Proc. Warn./Msgs. 15	2000-2009
Visit Proc. Warn./Msgs. 10	660-669	Visit Proc. Warn./Msgs. 16	2268-2277
Visit Proc. Warn./Msgs. 11	928-937	Visit Proc. Warn./Msgs. 17	2536-2545
Visit Proc. Warn./Msgs. 12	1196-1205	Visit Proc. Warn./Msgs. 18	2804-2813
Visit Proc. Warn./Msgs. 13	1464-1473		

Format – Length: Character - 10
 Effective Date: January 1, 2011
 Contained In: De-Identified Data Set: YES
 Limited Data Set: YES
 Identifiable Data Set: YES
 Deniable Data Element: No

Description:Visit Processed Warning /Messages. *For internal DOH use only.***Codes and Values:**

- The ten (10) character length allows this data element to represent up to five values, each with a 2-byte value:
 - “00” = Visit processed without warnings/messages
 - “01” = Visit processed with some lines unassigned
 - “02” = Visit processed with all lines unassigned
 - “03” = Visit processed with multiple per diems assigned

OUTPUT Edits on Element:

- This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SPARCS Outpatient Segment:**Continuation Records**

Data Element Name: Overall Visit Type 8-18

Record Position:

Data Element	Record Position	Data Element	Record Position
Overall Visit Type 8	134-135	Overall Visit Type 14	1742-1743
Overall Visit Type 9	402-403	Overall Visit Type 15	2010-2011
Overall Visit Type 10	670-671	Overall Visit Type 16	2278-2279
Overall Visit Type 11	938-939	Overall Visit Type 17	2546-2547
Overall Visit Type 12	1206-1207	Overall Visit Type 18	2814-2815
Overall Visit Type 13	1474-1475		

Format – Length: Character - 2
 Effective Date: January 1, 2011
 Contained In: De-Identified Data Set: YES
 Limited Data Set: YES
 Identifiable Data Set: YES
 Deniable Data Element: No

Description:

The Overall Visit type based on services provided.

Codes and Values:

1. Values are generated by the software.
 - “00” = Undetermined
 - “01” = Per Diem and Significant Procedure Visit
 - “11” = Per Diem and Physical Therapy & Rehabilitation Visit
 - “12” = Per Diem and Mental Health & Counseling Visit
 - “13” = Per Diem and Dental Visit
 - “14” = Per Diem and Radiologic Visit
 - “15” = Per Diem and Other Diagnostic Visit
 - “02” = Per Diem Visit
 - “03” = Significant Procedure/Medical Visit
 - “04” = Significant Procedure Visit
 - “31” = Physical Therapy & Rehabilitation/Medical Visit
 - “41” = Physical Therapy & Rehabilitation Visit
 - “32” = Mental Health & Counseling/Medical Visit
 - “42” = Mental Health & Counseling Visit
 - “33” = Dental/Medical Visit
 - “43” = Dental Procedure Visit
 - “34” = Radiologic/Medical Visit
 - “44” = Radiologic Procedure Visit
 - “35” = Other Diagnostic/Medical Visit
 - “45” = Other Diagnostic Procedure Visit
 - “05” = Medical Visit.
 - “06” = Ancillary Visit
 - “07” = DME, Drug, Incidental only
 - “08” = Unassigned APG assigned only

Note: The overall visit type assignment is in hierarchical order.

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SPARCS Outpatient Segment:**Continuation Records**

Data Element Name: Medical Visit Diagnosis 8-18

Record Position:

Data Element	Record Position	Data Element	Record Position
Med. Visit Diag. 8	136-142	Med. Visit Diag. 14	1744-1750
Med. Visit Diag. 9	404-410	Med. Visit Diag. 15	2012-2018
Med. Visit Diag. 10	672-678	Med. Visit Diag. 16	2280-2286
Med. Visit Diag. 11	940-946	Med. Visit Diag. 17	2548-2554
Med. Visit Diag. 12	1208-1214	Med. Visit Diag. 18	2816-2822
Med. Visit Diag. 13	1476-1482		

Format – Length: Character - 7
 Effective Date: January 1, 2011
 Contained In: De-Identified Data Set: YES
 Limited Data Set: YES
 Identifiable Data Set: YES
 Deniable Data Element: No

Description:

Medical Visit Diagnosis reported by the facility. *For internal DOH use only.*

Codes and Values:

1. Values are generated by the software.

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SPARCS Outpatient Segment:**Continuation Records**

Data Element Name: Final APG Assignment 8-18

Record Position:

Data Element	Record Position	Data Element	Record Position
Final APG Assig. 8	143-147	Final APG Assig. 14	1751-1755
Final APG Assig. 9	411-415	Final APG Assig. 15	2019-2023
Final APG Assig. 10	679-683	Final APG Assig. 16	2287-2291
Final APG Assig. 11	947-951	Final APG Assig. 17	2555-2559
Final APG Assig. 12	1215-1219	Final APG Assig. 18	2823-2827
Final APG Assig. 13	1483-1487		

Format – Length: Character - 5
 Effective Date: January 1, 2011
 Contained In: De-Identified Data Set: YES
 Limited Data Set: YES
 Identifiable Data Set: YES
 Deniable Data Element: No

Description:

Final APG Code Assignment.

Codes and Values:

1. Values are generated by the software.

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SPARCS Outpatient Segment:**Continuation Records**

Data Element Name: Final APG Type 8-18

Record Position:

Data Element	Record Position	Data Element	Record Position
Final APG Type 8	148-149	Final APG Type 14	1756-1757
Final APG Type 9	416-417	Final APG Type 15	2024-2025
Final APG Type 10	684-685	Final APG Type 16	2292-2293
Final APG Type 11	952-953	Final APG Type 17	2560-2561
Final APG Type 12	1220-1221	Final APG Type 18	2828-2829
Final APG Type 13	1488-1489		

Format – Length: Character - 2
 Effective Date: January 1, 2011
 Contained In: De-Identified Data Set: YES
 Limited Data Set: YES
 Identifiable Data Set: YES
 Deniable Data Element: No

Description:

Ambulatory Patient Group (APG) Type Code is a classification of the procedures which may be performed on an ambulatory basis.

Codes and Values:

1. "01" - Per Diem
 - "02" - Significant Procedure
 - "21" - Physical Therapy & Rehabilitation Procedure
 - "22" - Mental Health & Counseling Procedure
 - "23" - Dental Procedure
 - "24" - Radiologic Procedure
 - "25" - Other Diagnostic Procedure
 - "03" - Medical Visit
 - "04" - Ancillary
 - "05" - Incidental
 - "06" - Drug
 - "07" - DME
 - "08" - Unassigned (gets APG 999, 994, 993)

Note: The final APG Type is in hierarchical order.

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SPARCS Outpatient Segment:**Continuation Records**

Data Element Name: Final APG Category 8-18

Record Position:

Data Element	Record Position	Data Element	Record Position
Final APG Category 8	150-151	Final APG Category 14	1758-1759
Final APG Category 9	418-419	Final APG Category 15	2026-2027
Final APG Category 10	686-687	Final APG Category 16	2294-2295
Final APG Category 11	954-955	Final APG Category 17	2562-2563
Final APG Category 12	1222-1223	Final APG Category 18	2830-2831
Final APG Category 13	1490-1491		

Format – Length: Character - 2
 Effective Date: January 1, 2011
 Contained In: De-Identified Data Set: YES
 Limited Data Set: YES
 Identifiable Data Set: YES
 Deniable Data Element: No

Description:

Final APG Category number and description.

Codes and Values:

- “01” - Skin and integumentary system procedures
- “02” - Breast procedures
- “03” - Musculoskeletal system procedures
- “04” - Respiratory procedures
- “05” - Cardiovascular procedures
- “06” - Hematologic, lymphatic, and endocrine procedures
- “07” - Gastrointestinal system procedures
- “08” - Genitourinary system procedures
- “09” - Male Reproductive system procedures
- “10” - Female Reproductive system procedures
- “11” - Neurologic system procedures
- “12” - Ophthalmologic system procedures
- “13” - Otolaryngologic system procedures
- “14” - Rehabilitation
- “15” - Radiologic procedures
- “16” - Mental illness and substance abuse therapies
- “17” - Nuclear Medicine
- “18” - Radiation Oncology
- “19” - Dental procedures
- “20” - Anesthesia
- “21” - Pathology
- “22” - Laboratory
- “23” - Other ancillary tests and procedures
- “24” - Chemotherapy and other drugs
- “25” - Radiology
- “30” - Incidental procedures and services
- “50” - Observation
- “51” - Major signs, symptoms and findings
- “52” - Diseases and disorders of the nervous system
- “53” - Diseases and disorders of the eye

- “54” - Ear, nose, mouth, throat and craniofacial diseases and disorders
- “55” - Diseases and disorders of the respiratory system
- “56” - Diseases and disorders of the circulatory system
- “57” - Diseases and disorders of the digestive system
- “58” - Diseases and disorders of the hepatobiliary system and pancreas
- “59” - Diseases and disorders of the musculoskeletal system and connective tissue
- “60” - Diseases and disorders of the skin, subcutaneous tissue and breast
- “61” - Endocrine, nutritional and metabolic diseases and disorders
- “62” - Diabetes Mellitus
- “63” - Diseases and disorders of the kidney and urinary tract
- “64” - Diseases and disorders of the male reproductive system
- “65” - Diseases and disorders of the female reproductive system
- “66” - Pregnancy, childbirth and the puerperium
- “67” - Neonates
- “68” - Diseases and disorders of blood, blood forming organs and immunologic disorders
- “69” - Lymphatic, hematopoietic, other malignancies, chemotherapy and radiotherapy
- “70” - Infectious and parasitic diseases, systemic or unspecified sites
- “71” - Mental diseases and disorders
- “72” - Alcohol/drug use and alcohol/drug induced organic mental disorders
- “73” - Poisonings, toxic effects, other injuries and other complications of treatment
- “74” - Burns
- “75” - Rehabilitation, aftercare, other factors influencing health status and other health services
- “76” - Human immunodeficiency virus infections
- “99” - No APG assigned

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SPARCS Outpatient Segment:**Continuation Records**

Data Element Name: Multiple Significant Procedure (MSP) Discounting Flag 8-18

Record Position:

Data Element	Record Position	Data Element	Record Position
MSP Disc. Flag 8	152	MSP Disc. Flag 14	1760
MSP Disc. Flag 9	420	MSP Disc. Flag 15	2028
MSP Disc. Flag 10	688	MSP Disc. Flag 16	2296
MSP Disc. Flag 11	956	MSP Disc. Flag 17	2564
MSP Disc. Flag 12	1224	MSP Disc. Flag 18	2832
MSP Disc. Flag 13	1492		

Format – Length:

Character - 1

Effective Date:

January 1, 2011

Contained In:

De-Identified Data Set: YES

Limited Data Set: YES

Identifiable Data Set: YES

Deniable Data Element:

No

Description:

Discounting provides a way of accounting for duplicate costs accrued when multiple significant procedures, ancillary lab services and/or ancillary non-lab services are performed during the same visit. Multiple significant procedures on the same day are flagged for same day multiple procedure discounting.

Codes and Values:

- Values are generated by the software.
“0” = None
“1” = Multiple Significant Procedure Discounting Candidate

OUTPUT Edits on Element:

- This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SPARCS Outpatient Segment:**Continuation Records**

Data Element Name:

Repeat Ancillary Discounting Flag 8-18

Record Position:

Data Element	Record Position	Data Element	Record Position
RAD Flag 8	153	RAD Flag 14	1761
RAD Flag 9	421	RAD Flag 15	2029
RAD Flag 10	689	RAD Flag 16	2297
RAD Flag 11	957	RAD Flag 17	2565
RAD Flag 12	1225	RAD Flag 18	2833
RAD Flag 13	1493		

Format – Length:

Character - 1

Effective Date:

January 1, 2011

Contained In:

De-Identified Data Set: YES

Limited Data Set: YES

Identifiable Data Set: YES

Deniable Data Element:

No

Description:

Discounting provides a way of accounting for duplicate costs accrued when multiple significant procedures, ancillary lab services and/or ancillary non-lab services are performed during the same visit. Multiple ancillary charges performed on the same visit are flagged with the repeat ancillary discount flag. This discounting only applies to ancillary drug and DME EAPGs.

Codes and Values:

- “0” - None
“1” - Repeat Ancillary Discounting applies

OUTPUT Edits on Element:

- This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SPARCS Outpatient Segment:**Continuation Records**

Data Element Name:

Bilateral Discounting Flag 8-18

Record Position:

Data Element	Record Position	Data Element	Record Position
Bil. Disc. Flag 8	154	Bil. Disc. Flag 14	1762
Bil. Disc. Flag 9	422	Bil. Disc. Flag 15	2030
Bil. Disc. Flag 10	690	Bil. Disc. Flag 16	2298
Bil. Disc. Flag 11	958	Bil. Disc. Flag 17	2566
Bil. Disc. Flag 12	1226	Bil. Disc. Flag 18	2834
Bil. Disc. Flag 13	1494		

Format – Length:

Character - 1

Effective Date:

January 1, 2011

Contained In:

De-Identified Data Set: YES

Limited Data Set: YES

Identifiable Data Set: YES

Deniable Data Element:

No

Description:

Discounting provides a way of accounting for duplicate costs accrued when multiple significant procedures, ancillary lab services and/or ancillary non-lab services are performed during the same visit. The bilateral discounting flag indicates that an identical service is performed on the opposite side of the body at the same session or visit. This discounting applies to bilateral codes that are applied to significant procedures, physical therapy & rehabilitation procedures, dental procedures, radiologic procedures and other diagnostic procedures and ancillary services.

Codes and Values:

1. "0" - None
 - "1" - Bilateral discounting applies
 - "2" - Surgical bilateral discounting applies
 - "3" - Non-surgical bilateral discounting applies

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

Data Element Name: Terminated Procedure Discounting Flag 8-18

Record Position:

Data Element	Record Position	Data Element	Record Position
TPD Flag 8	155	TPD Flag 14	1763
TPD Flag 9	423	TPD Flag 15	2031
TPD Flag 10	691	TPD Flag 16	2299
TPD Flag 11	959	TPD Flag 17	2567
TPD Flag 12	1227	TPD Flag 18	2835
TPD Flag 13	1495		

Format – Length: Character - 1
 Effective Date: January 1, 2011
 Contained In: De-Identified Data Set: YES
 Limited Data Set: YES
 Identifiable Data Set: YES
 Deniable Data Element: No

Description:

The terminated procedure flag is applied when a procedure is terminated due to medical complications which would increase the risk to the patient. This discount is for terminated procedures that are significant procedures, physical therapy & rehabilitation procedures, dental procedures, radiologic procedures and other diagnostic procedures and ancillary services.

Codes and Values:

- Values are generated by the software.
 - “0” = None
 - “1” = Procedure terminated

OUTPUT Edits on Element:

- This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SPARCS Outpatient Segment:**Continuation Records**

Data Element Name: Line Item Unassigned Flag 8-18

Record Position:

Data Element	Record Position	Data Element	Record Position
Line Item Unassig. Flag 1	156-157	Line Item Unassig. Flag 5	1764-1765
Line Item Unassig. Flag 2	424-425	Line Item Unassig. Flag 6	2032-2033
Line Item Unassig. Flag 3	692-693	Line Item Unassig. Flag 7	2300-2301
Line Item Unassig. Flag 4	960-961	Line Item Unassig. Flag 1	2568-2569
Line Item Unassig. Flag 1	1228-1229	Line Item Unassig. Flag 2	2836-2837
Line Item Unassig. Flag 2	1496-1497		

Format – Length: Character - 2
 Effective Date: January 1, 2011
 Contained In: De-Identified Data Set: YES
 Limited Data Set: YES
 Identifiable Data Set: YES

Deniable Data Element:

Description:

When a claim is not assigned to an APG code, a value of Unassigned APG (999) is given to line items with a corresponding Line Item Unassigned Flag. The Line Item Unassigned Flag in conjunction with the Unassigned APG value explains why the individual's record was not assigned an APG code.

Codes and Values:

1. "00" = Line item assigned
- "01" = User Ignored (Line Action flag)
- "02" = Inpatient Procedure
- "03" = Invalid Procedure Code
- "04" = Not used by APGs
- "05" = Invalid Dx for Medical visit
- "06" = E-code Dx for medical visit
- "07" = Non-covered care or settings
- "08" = Invalid Date cannot be used (invalid or out of range)
- "09" = Invalid procedure, cannot be blank
- "10" = Direct Per Diem code without qualifying Pdx
- "11" = Observation Condition error
- "12" = DAO Condition error
- "13" = Gender unknown or invalid for medical gender specific APG assignment
- "14" = Home Management
- "15" = User option for Direct PD assignment off
- "16" = EAPG assignment condition not met

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SPARCS Outpatient Segment:**Continuation Records**

Data Element Name: Packaging Per Diem Flag 8-18

Record Position:

Data Element	Record Position	Data Element	Record Position
Pack. Per Diem Flag 1	158	Pack. Per Diem Flag 5	1766
Pack. Per Diem Flag 2	426	Pack. Per Diem Flag 6	2034
Pack. Per Diem Flag 3	694	Pack. Per Diem Flag 7	2302
Pack. Per Diem Flag 4	962	Pack. Per Diem Flag 1	2570
Pack. Per Diem Flag 1	1230	Pack. Per Diem Flag 2	2838
Pack. Per Diem Flag 2	1498		

Format – Length: Character - 1
 Effective Date: January 1, 2011
 Contained In: De-Identified Data Set: YES
 Limited Data Set: YES
 Identifiable Data Set: YES
 Deniable Data Element: No

Description:

Packaging Flag indicates line items that are bundled together, such as anesthesia, supplies, certain drugs, and the use of recovery and observation rooms.

Codes and Values:

1. “0” = Not Packaged into Per Diem APG
 “1” = Packaged into Per Diem APG

OUTPUT Edits on Element:

This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SPARCS Outpatient Segment:**Continuation Records**

Data Element Name: Packaging Flag 8-18

Record Position:

Data Element	Record Position	Data Element	Record Position
Packaging Flag 8	159	Packaging Flag 14	1767
Packaging Flag 9	427	Packaging Flag 15	2035
Packaging Flag 10	695	Packaging Flag 16	2303
Packaging Flag 11	963	Packaging Flag 17	2571
Packaging Flag 12	1231	Packaging Flag 18	2839
Packaging Flag 13	1499		

Format – Length: Character - 1
 Effective Date: January 1, 2011
 Contained In: De-Identified Data Set: YES
 Limited Data Set: YES
 Identifiable Data Set: YES
 Deniable Data Element: No

Description:

Packaging Flag indicates line items that are bundled together, such as anesthesia, supplies, certain drugs, and the use of recovery and observation rooms.

Codes and Values:

1. “0” = Not Packaged into Per Diem APG
 “1” = Packaged into Per Diem APG

OUTPUT Edits on Element:

This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SPARCS Outpatient Segment:**Continuation Records**

Data Element Name: Same Significant Procedure (SSP) Consolidation Flag 8-18

Record Position:

Data Element	Record Position	Data Element	Record Position
SSPC Flag 8	160	SSPC Flag 14	1768
SSPC Flag 9	428	SSPC Flag 15	2036
SSPC Flag 10	696	SSPC Flag 16	2304
SSPC Flag 11	964	SSPC Flag 17	2572
SSPC Flag 12	1232	SSPC Flag 18	2840
SSPC Flag 13	1500		

Format – Length: Character - 1
 Effective Date: January 1, 2011
 Contained In: De-Identified Data Set: YES
 Limited Data Set: YES
 Identifiable Data Set: YES
 Deniable Data Element: No

Description:

Same Significant Procedure (SSP) Consolidation Flag is applied when multiple instances of the same significant procedures are performed at the same visit. The Same Significant Procedure (SSP) Consolidation Flag indicates they are consolidated into one for reimbursement.

Codes and Values:

1. “0” = None
 “1” = SSP Consolidation applies

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SPARCS Outpatient Segment:**Continuation Records**

Data Element Name: Clinical Significant Procedure (CSP) Consolidation Flag 8-18

Record Position:

Data Element	Record Position	Data Element	Record Position
CSPC Flag 8	161	CSPC Flag 14	1769
CSPC Flag 9	429	CSPC Flag 15	2037
CSPC Flag 10	697	CSPC Flag 16	2305
CSPC Flag 11	965	CSPC Flag 17	2573
CSPC Flag 12	1233	CSPC Flag 18	2841
CSPC Flag 13	1501		

Format – Length:

Character - 1

Effective Date:

January 1, 2011

Contained In:

De-Identified Data Set: YES

Limited Data Set: YES

Identifiable Data Set: YES

Deniable Data Element:

No

Description:

The Clinical Significant Procedure (CSP) Consolidation Flag is applied when multiple instances of the same clinical significant procedure is performed at the same visit. The Clinical Significant Procedure (CSP) Consolidation Flag indicates they are consolidated into one for reimbursement.

Codes and Values:

1. "0" = None
"1" = CSP Consolidation applies

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SPARCS Outpatient Segment:**Continuation Records**

Data Element Name: Line Item Acuity Flag 8-18

Record Position:

Data Element	Record Position	Data Element	Record Position
Line Item Acuity Flag 8	162-163	Line Item Acuity Flag 14	1770-1771
Line Item Acuity Flag 9	430-431	Line Item Acuity Flag 15	2038-2039
Line Item Acuity Flag 10	698-699	Line Item Acuity Flag 16	2306-2307
Line Item Acuity Flag 11	966-967	Line Item Acuity Flag 17	2574-2575
Line Item Acuity Flag 12	1234-1235	Line Item Acuity Flag 18	2842-2843
Line Item Acuity Flag 13	1502-1503		

Format – Length: Character - 2
 Effective Date: January 1, 2011
 Contained In: De-Identified Data Set: YES
 Limited Data Set: YES
 Identifiable Data Set: YES
 Deniable Data Element: No

Description:

Indicates if the line item contains a complex or chronic secondary diagnosis code. This field is being flagged due to the presence of Acuity Medical AEPG (Enhanced Ambulatory Patient Group) or Secondary Medical Diagnosis list. *For internal DOH use only.*

Codes and Values:

1. Values are generated by the software.

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SPARCS Outpatient Segment:**Continuation Records**

Data Element Name: Service Item ID Number 8-18

Record Position:

Data Element	Record Position	Data Element	Record Position
Service Item ID Number 8	164-166	Service Item ID Number 14	1772-1774
Service Item ID Number 9	432-434	Service Item ID Number 15	2040-2042
Service Item ID Number 10	700-702	Service Item ID Number 16	2308-2310
Service Item ID Number 11	968-970	Service Item ID Number 17	2576-2578
Service Item ID Number 12	1236-1238	Service Item ID Number 18	2844-2846
Service Item ID Number 13	1504-1506		

Format – Length: Character - 3
 Effective Date: January 1, 2011
 Contained In: De-Identified Data Set: YES
 Limited Data Set: YES
 Identifiable Data Set: YES
 Deniable Data Element: No

Description:Service Item ID Number. *For internal DOH use only.***Codes and Values:**

1. Values are generated by the software.

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SPARCS Outpatient Segment:**Continuation Records**

Data Element Name: Line Item APG Payment 8-18

Record Position:

Data Element	Record Position	Data Element	Record Position
Line Item APG Pymt. 8	167-174	Line Item APG Pymt. 14	1775-1782
Line Item APG Pymt. 9	435-442	Line Item APG Pymt. 15	2043-2050
Line Item APG Pymt. 10	703-710	Line Item APG Pymt. 16	2311-2318
Line Item APG Pymt. 11	971-978	Line Item APG Pymt. 17	2579-2586
Line Item APG Pymt. 12	1239-1246	Line Item APG Pymt. 18	2847-2854
Line Item APG Pymt. 13	1507-1514		

Format – Length: Numeric - 8
 Effective Date: January 1, 2011
 Contained In: De-Identified Data Set: YES
 Limited Data Set: YES
 Identifiable Data Set: YES
 Deniable Data Element: No

Description:

The Line Item APG Payment (*Ambulatory Patient Group (APG) Final APG Amount*) is calculated by multiplying the APG Paid Amount by a percentage based on the APG Blend Type code.

Codes and Values:

1. Values are generated by the software.

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SPARCS Outpatient Segment:**Continuation Records**

Data Element Name: Line Item Existing Payment 8-18

Record Position:

Data Element	Record Position	Data Element	Record Position
Line Item Exis. Pymt. 8	175-182	Line Item Exis. Pymt. 14	1783-1790
Line Item Exis. Pymt. 9	443-450	Line Item Exis. Pymt. 15	2051-2058
Line Item Exis. Pymt. 10	711-718	Line Item Exis. Pymt. 16	2319-2326
Line Item Exis. Pymt. 11	979-986	Line Item Exis. Pymt. 17	2587-2594
Line Item Exis. Pymt. 12	1247-1254	Line Item Exis. Pymt. 18	2855-2862
Line Item Exis. Pymt. 13	1515-1522		

Format – Length: Numeric - 8
 Effective Date: January 1, 2011
 Contained In: De-Identified Data Set: YES
 Limited Data Set: YES
 Identifiable Data Set: YES
 Deniable Data Element: No

Description:

Line Item Existing Payment (*Ambulatory Patient Group (APG) Existing Paid Amount*) is the calculated dollar amount to be paid to the provider based on a blended rate determined by the State Rate Setting Agencies.

Codes and Values:

1. Values are generated by the software.

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SPARCS Outpatient Segment:**Continuation Records**

Data Element Name: Line Item Blended Payment 8-18

Record Position:

Data Element	Record Position	Data Element	Record Position
Line Item Blend. Pymt. 8	183-190	Line Item Blend. Pymt. 14	1791-1798
Line Item Blend. Pymt. 9	451-458	Line Item Blend. Pymt. 15	2059-2066
Line Item Blend. Pymt. 10	719-726	Line Item Blend. Pymt. 16	2327-2334
Line Item Blend. Pymt. 11	987-994	Line Item Blend. Pymt. 17	2595-2602
Line Item Blend. Pymt. 12	1255-1262	Line Item Blend. Pymt. 18	2863-2870
Line Item Blend. Pymt. 13	1523-1530		

Format – Length: Numeric - 8
 Effective Date: January 1, 2011
 Contained In: De-Identified Data Set: YES
 Limited Data Set: YES
 Identifiable Data Set: YES
 Deniable Data Element: No

Description:

Line Item Blended Payment (*Ambulatory Patient Group (APG Blend type Code)*) identifies the percentage of the blended rate amount used in calculating the final APG payment amount. It is derived from the Line Item Blended Percent from the 3M Grouper.

Codes and Values:

1. Values are generated by the software.

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SPARCS Outpatient Segment:**Continuation Records**

Data Element Name: Line Item Add-on Payment 8-18

Record Position:

Data Element	Record Position	Data Element	Record Position
Line Item Add-on Pymt. 8	191-198	Line Item Add-on Pymt. 14	1799-1806
Line Item Add-on Pymt. 9	459-466	Line Item Add-on Pymt. 15	2067-2074
Line Item Add-on Pymt. 10	727-734	Line Item Add-on Pymt. 16	2335-2342
Line Item Add-on Pymt. 11	995-1002	Line Item Add-on Pymt. 17	2603-2610
Line Item Add-on Pymt. 12	1263-1270	Line Item Add-on Pymt. 18	2871-2878
Line Item Add-on Pymt. 13	1531-1538		

Format – Length: Numeric - 8
 Effective Date: January 1, 2011
 Contained In: De-Identified Data Set: YES
 Limited Data Set: YES
 Identifiable Data Set: YES
 Deniable Data Element: No

Description:Line Item Add-on Payment. *For internal DOH use only.***Codes and Values:**

1. Values are generated by the software.

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SPARCS Outpatient Segment:**Continuation Records**

Data Element Name: Line Item Total Payment 8-18

Record Position:

Data Element	Record Position	Data Element	Record Position
Line Item Tot. Pymt. 8	199-206	Line Item Tot. Pymt.	1807-1814
Line Item Tot. Pymt. 9	467-474	Line Item Tot. Pymt. 15	2075-2082
Line Item Tot. Pymt. 10	735-742	Line Item Tot. Pymt. 16	2343-2350
Line Item Tot. Pymt.	1003-1010	Line Item Tot. Pymt. 17	2611-2618
Line Item Tot. Pymt. 12	1271-1278	Line Item Tot. Pymt. 18	2879-2886
Line Item Tot. Pymt. 13	1539-1546		

Format – Length: Numeric - 8
 Effective Date: January 1, 2011
 Contained In: De-Identified Data Set: YES
 Limited Data Set: YES
 Identifiable Data Set: YES
 Deniable Data Element: No

Description:

Line item payment including possible cost outlier payment. *For internal DOH use only.*

Codes and Values:

1. Values are generated by the software.

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SPARCS Outpatient Segment:**Continuation Records**

Data Element Name: Line Item Blend Percent 8-18

Record Position:

Data Element	Record Position	Data Element	Record Position
Line Item Blend Percent 8	207-211	Line Item Blend Percent 14	1815-1819
Line Item Blend Percent 9	475-479	Line Item Blend Percent 15	2083-2087
Line Item Blend Percent 10	743-747	Line Item Blend Percent 16	2351-2355
Line Item Blend Percent 11	1011-1015	Line Item Blend Percent 17	2619-2623
Line Item Blend Percent 12	1279-1283	Line Item Blend Percent 18	2887-2891
Line Item Blend Percent 13	1547-1551		

Format – Length: Numeric - 5
 Effective Date: January 1, 2011
 Contained In: De-Identified Data Set: YES
 Limited Data Set: YES
 Identifiable Data Set: YES
 Deniable Data Element: No

Description:

The percentage used to calculate the blended amount for calculating payment. This is typically in increments of 25%. *For internal DOH use only.*

Codes and Values:

1. Values are generated by the software.

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SPARCS Outpatient Segment:**Continuation Records**

Data Element Name: Line Item Adjusted APG Weight 8-18

Record Position:

Data Element	Record Position	Data Element	Record Position
Ln. Item Adj. APG Wgt. 8	212-220	Ln. Item Adj. APG Wgt. 14	1820-1828
Ln. Item Adj. APG Wgt. 9	480-488	Ln. Item Adj. APG Wgt. 15	2088-2096
Ln. Item Adj. APG Wgt. 10	748-756	Ln. Item Adj. APG Wgt. 16	2356-2364
Ln. Item Adj. APG Wgt. 11	1016-1024	Ln. Item Adj. APG Wgt. 17	2624-2632
Ln. Item Adj. APG Wgt. 12	1284-1292	Ln. Item Adj. APG Wgt. 18	2892-2900
Ln. Item Adj. APG Wgt. 13	1552-1560		

Format – Length: Numeric - 9
 Effective Date: January 1, 2011
 Contained In: De-Identified Data Set: YES
 Limited Data Set: YES
 Identifiable Data Set: YES
 Deniable Data Element: No

Description:

Line Item Adjusted APG Weight is the APG weight after discounting and consolidation of the line item. *For internal DOH use only.*

Codes and Values:

1. Values are generated by the software.

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SPARCS Outpatient Segment:**Continuation Records**

Data Element Name: Line Item Full APG Weight 8-18

Record Position:

Data Element	Record Position	Data Element	Record Position
Ln. Item Full APG Wgt. 8	221-229	Ln. Item Full APG Wgt. 14	1829-1837
Ln. Item Full APG Wgt. 9	489-497	Ln. Item Full APG Wgt. 15	2097-2105
Ln. Item Full APG Wgt. 10	757-765	Ln. Item Full APG Wgt. 16	2365-2373
Ln. Item Full APG Wgt. 11	1025-1033	Ln. Item Full APG Wgt. 17	2633-2641
Ln. Item Full APG Wgt. 12	1293-1301	Ln. Item Full APG Wgt. 18	2901-2909
Ln. Item Full APG Wgt. 13	1561-1569		

Format – Length: Numeric - 9
 Effective Date: January 1, 2011
 Contained In: De-Identified Data Set: YES
 Limited Data Set: YES
 Identifiable Data Set: YES
 Deniable Data Element: No

Description:Line Item Full APG Weight. *For internal DOH use only.***Codes and Values:**

1. Values are generated by the software.

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SPARCS Outpatient Segment:**Continuation Records**

Data Element Name: Line Item Payment Percent 8-18

Record Position:

Data Element	Record Position	Data Element	Record Position
Line Item Pymt Pct 8	230-235	Line Item Pymt Pct 14	1838-1843
Line Item Pymt Pct 9	498-503	Line Item Pymt Pct 15	2106-2111
Line Item Pymt Pct 10	766-771	Line Item Pymt Pct 16	2374-2379
Line Item Pymt Pct 11	1034-1039	Line Item Pymt Pct 17	2642-2647
Line Item Pymt Pct 12	1302-1307	Line Item Pymt Pct 18	2910-2915
Line Item Pymt Pct 13	1570-1575		

Format – Length: Numeric - 6
 Effective Date: January 1, 2011
 Contained In: De-Identified Data Set: YES
 Limited Data Set: YES
 Identifiable Data Set: YES
 Deniable Data Element: No

Description:

Line Item Payment Percent is the APG percentage after discounting and consolidation. *For internal DOH use only.*

Codes and Values:

1. Values are generated by the software.

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SPARCS Outpatient Segment:**Continuation Records**

Data Element Name: Line Item Payment Action 8-18

Record Position:

Data Element	Record Position	Data Element	Record Position
Line Item Pymt Act 8	236-237	Line Item Pymt Act 14	1844-1845
Line Item Pymt Act 9	504-505	Line Item Pymt Act 15	2112-2113
Line Item Pymt Act 10	772-773	Line Item Pymt Act 16	2380-2381
Line Item Pymt Act 11	1040-1041	Line Item Pymt Act 17	2648-2649
Line Item Pymt Act 12	1308-1309	Line Item Pymt Act 18	2916-2917
Line Item Pymt Act 13	1576-1577		

Format – Length: Character - 2
 Effective Date: January 1, 2011
 Contained In: De-Identified Data Set: YES
 Limited Data Set: YES
 Identifiable Data Set: YES
 Deniable Data Element: No

Description:

Line Item Payment Action describes how the line is paid depending upon the remainder of the claim. It could be paid fully, consolidated, discounted, or packaged.

Codes and Values:

1. Values are generated by the software.

"00" = Not processed
 "01" = Full Payment
 "02" = Consolidated
 "03" = Discounted
 "04" = Packaged
 "05" = No Payment
 "06" = Bilateral
 "07" = Discounted Bilateral
 "08" = Stand Alone
 "09" = Excluded
 "10" = Per Diem
 "11" = Low Cost Outlier
 "12" = High Cost Outlier
 "13" = Alternate Payment
 "14" = Manually priced
 "19" = Never pay

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SPARCS Outpatient Segment:**Continuation Records**

Data Element Name: Line Item Paid Units 8-18

Record Position:

Data Element	Record Position	Data Element	Record Position
Line Item Paid Units 8	238-244	Line Item Paid Units 14	1846-1852
Line Item Paid Units 9	506-512	Line Item Paid Units 15	2114-2120
Line Item Paid Units 10	774-780	Line Item Paid Units 16	2382-2388
Line Item Paid Units 11	1042-1048	Line Item Paid Units 17	2650-2656
Line Item Paid Units 12	1310-1316	Line Item Paid Units 18	2918-2924
Line Item Paid Units 13	1578-1584		

Format – Length: Character - 7
 Effective Date: January 1, 2011
 Contained In: De-Identified Data Set: YES
 Limited Data Set: YES
 Identifiable Data Set: YES
 Deniable Data Element: No

Description:

Line Item Paid Units are the number of units paid. *For internal DOH use only.*

Codes and Values:

1. Values are generated by the software.

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SPARCS Outpatient Segment:**Continuation Records**

Data Element Name: Line Item Payment Adjustment Flag 8-18

Record Position:

Data Element	Record Position	Data Element	Record Position
Ln Item Pymt Adj Flag 8	245-246	Ln Item Pymt Adj Flag 14	1853-1854
Ln Item Pymt Adj Flag 9	513-514	Ln Item Pymt Adj Flag 15	2121-2122
Ln Item Pymt Adj Flag 10	781-782	Ln Item Pymt Adj Flag 16	2389-2390
Ln Item Pymt Adj Flag 11	1049-1050	Ln Item Pymt Adj Flag 17	2657-2658
Ln Item Pymt Adj Flag 12	1317-1318	Ln Item Pymt Adj Flag 18	2925-2926
Ln Item Pymt Adj Flag 13	1585-1586		

Format – Length: Character - 2
 Effective Date: January 1, 2011
 Contained In: De-Identified Data Set: YES
 Limited Data Set: YES
 Identifiable Data Set: YES
 Deniable Data Element: No

Description:

The description is maintained within the software package.

Codes and Values:

1. "00"= Standard APG weight, non-units based
- "01"= Standard APG weight, units based
- "02"= Alternate weight, non-units based
- "03"= Alternate weight, units based

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SPARCS Outpatient Segment:**Continuation Records**

Data Element Name: Visit APG Payment 8-18

Record Position:

Data Element	Record Position	Data Element	Record Position
Visit APG Payment 8	247-254	Visit APG Payment 14	1855-1862
Visit APG Payment 9	515-522	Visit APG Payment 15	2123-2130
Visit APG Payment 10	783-790	Visit APG Payment 16	2391-2398
Visit APG Payment 11	1051-1058	Visit APG Payment 17	2659-2666
Visit APG Payment 12	1319-1326	Visit APG Payment 18	2927-2934
Visit APG Payment 13	1587-1594		

Format – Length: Numeric - 8
 Effective Date: January 1, 2011
 Contained In: De-Identified Data Set: YES
 Limited Data Set: YES
 Identifiable Data Set: YES
 Deniable Data Element: No

Description:

Visit APG Payment (*Ambulatory Patient Group (APG) Paid Amount*) is the calculated dollar value that will be paid to a provider.

Codes and Values:

1. Values are generated by the software.

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SPARCS Outpatient Segment:**Continuation Records**

Data Element Name: Visit Transition APG Payment 8-18

Record Position:

Data Element	Record Position	Data Element	Record Position
Visit Trans APG Pymt 8	255-262	Visit Trans APG Pymt 14	1863-1870
Visit Trans APG Pymt	523-530	Visit Trans APG Pymt 15	2131-2138
Visit Trans APG Pymt 10	791-798	Visit Trans APG Pymt 16	2399-2406
Visit Trans APG Pymt 11	1059-1066	Visit Trans APG Pymt 17	2667-2674
Visit Trans APG Pymt 12	1327-1334	Visit Trans APG Pymt 18	2935-2942
Visit Trans APG Pymt 13	1595-1602		

Format – Length: Numeric - 8
 Effective Date: January 1, 2011
 Contained In: De-Identified Data Set: YES
 Limited Data Set: YES
 Identifiable Data Set: YES
 Deniable Data Element: No

Description:

Visit Transition APG Payment is the amount paid based on the calculated values of both the existing payment and the blended payment combined to create the total APG payment specified phase. *For internal DOH use only.*

Codes and Values:

1. Values are generated by the software.

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SPARCS Outpatient Segment:**Continuation Records**

Data Element Name: Visit Existing Payment 8-18

Record Position:

Data Element	Record Position	Data Element	Record Position
Visit Exist Pymt 8	263-270	Visit Exist Pymt 14	1871-1878
Visit Exist Pymt 9	531-538	Visit Exist Pymt 15	2139-2146
Visit Exist Pymt 10	799-806	Visit Exist Pymt 16	2407-2414
Visit Exist Pymt 11	1067-1074	Visit Exist Pymt 17	2675-2682
Visit Exist Pymt 12	1335-1342	Visit Exist Pymt 18	2943-2950
Visit Exist Pymt 13	1603-1610		

Format – Length: Numeric - 8
 Effective Date: January 1, 2011
 Contained In: De-Identified Data Set: YES
 Limited Data Set: YES
 Identifiable Data Set: YES
 Deniable Data Element: No

Description:

Visit Existing Payment is used for blending purposes and is based upon a provider's average per visit reimbursement for services moving to APGS for calendar year 2007. *For internal DOH use only.*

Codes and Values:

1. Values are generated by the software.

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SPARCS Outpatient Segment:**Continuation Records**

Data Element Name: Visit Blended Payment 8-18

Record Position:

Data Element	Record Position	Data Element	Record Position
Visit Blend Pymt 8	271-278	Visit Blend Pymt 14	1879-1886
Visit Blend Pymt 9	539-546	Visit Blend Pymt 15	2147-2154
Visit Blend Pymt 10	807-814	Visit Blend Pymt 16	2415-2422
Visit Blend Pymt 11	1075-1082	Visit Blend Pymt 17	2683-2690
Visit Blend Pymt 12	1343-1350	Visit Blend Pymt 18	2951-2958
Visit Blend Pymt 13	1611-1618		

Format – Length: Numeric - 8
 Effective Date: January 1, 2011
 Contained In: De-Identified Data Set: YES
 Limited Data Set: YES
 Identifiable Data Set: YES
 Deniable Data Element: No

Description:

Visit Blended Payment is the amount that the APG methodology would calculate for the visit based upon the coded procedures and diagnosis. *For internal DOH use only.*

Codes and Values:

1. Values are generated by the software.

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SPARCS Outpatient Segment:**Continuation Records**

Data Element Name: Visit Add-On Payment 8-18

Record Position:

Data Element	Record Position	Data Element	Record Position
Visit Add-on Pymt 8	279-286	Visit Add-on Pymt 14	1887-1894
Visit Add-on Pymt 9	547-554	Visit Add-on Pymt 15	2155-2162
Visit Add-on Pymt 10	815-822	Visit Add-on Pymt 16	2423-2430
Visit Add-on Pymt 11	1083-1090	Visit Add-on Pymt 17	2691-2698
Visit Add-on Pymt 12	1351-1358	Visit Add-on Pymt 18	2959-2966
Visit Add-on Pymt 13	1619-1626		

Format – Length: Numeric - 8
 Effective Date: January 1, 2011
 Contained In: De-Identified Data Set: YES
 Limited Data Set: YES
 Identifiable Data Set: YES
 Deniable Data Element: No

Description:

Visit Add-On Payment is the fixed add-on payment for the visit. *For internal DOH use only.*

Codes and Values:

1. Values are generated by the software.

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SPARCS Outpatient Segment:**Continuation Records**

Data Element Name: Visit Payment 8-10

Record Position:

Data Element	Record Position	Data Element	Record Position
Visit Payment 8	287-294	Visit Payment 14	1895-1902
Visit Payment 9	555-562	Visit Payment 15	2163-2170
Visit Payment 10	823-830	Visit Payment 16	2431-2438
Visit Payment 11	1091-1098	Visit Payment 17	2699-2706
Visit Payment 12	1359-1366	Visit Payment 18	2967-2974
Visit Payment 13	1627-1634		

Format – Length: Numeric - 8
 Effective Date: January 1, 2011
 Contained In: De-Identified Data Set: YES
 Limited Data Set: YES
 Identifiable Data Set: YES
 Deniable Data Element: No

Description:

Visit Payment is the payment for the visit not including outlier payment and revenue code add-on.

Codes and Values:

1. Values are generated by the software.

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SPARCS Outpatient Segment:**Continuation Records**

Data Element Name: Visit Non-Transition Payment 8-18

Record Position:

Data Element	Record Position	Data Element	Record Position
Visit Non-Trans Pymt 8	295-302	Visit Non-Trans Pymt 14	1903-1910
Visit Non-Trans Pymt 9	563-570	Visit Non-Trans Pymt 15	2171-2178
Visit Non-Trans Pymt 10	831-838	Visit Non-Trans Pymt 16	2439-2446
Visit Non-Trans Pymt 11	1099-1106	Visit Non-Trans Pymt 17	2707-2714
Visit Non-Trans Pymt 12	1367-1374	Visit Non-Trans Pymt 18	2975-2982
Visit Non-Trans Pymt 13	1635-1642		

Format – Length: Numeric - 8
 Effective Date: January 1, 2011
 Contained In: De-Identified Data Set: YES
 Limited Data Set: YES
 Identifiable Data Set: YES
 Deniable Data Element: No

Description:

Visit Non-Transition Payment is the amount paid based solely on the fully blended payment (100%) to create the total APG payment during the specified phase. *For internal DOH use only.*

Codes and Values:

1. Values are generated by the software.

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SPARCS Outpatient Segment:**Continuation Records**

Data Element Name: Visit Adjusted APG Weight 8-18

Record Position:

Data Element	Record Position	Data Element	Record Position
Visit Adj APG Wgt 8	303-311	Visit Adj APG Wgt 14	1911-1919
Visit Adj APG Wgt 9	571-579	Visit Adj APG Wgt 15	2179-2187
Visit Adj APG Wgt 10	839-847	Visit Adj APG Wgt 16	2447-2455
Visit Adj APG Wgt 11	1107-1115	Visit Adj APG Wgt 17	2715-2723
Visit Adj APG Wgt 12	1375-1383	Visit Adj APG Wgt 18	2983-2991
Visit Adj APG Wgt 13	1643-1651		

Format – Length: Numeric - 9
 Effective Date: January 1, 2011
 Contained In: De-Identified Data Set: YES
 Limited Data Set: YES
 Identifiable Data Set: YES
 Deniable Data Element: No

Description:

Visit Adjusted APG Weight is the sum of adjusted APG weights for the visit. *For internal DOH use only.*

Codes and Values:

1. Values are generated by the software.

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

SPARCS Outpatient Segment:**Continuation Records**

Data Element Name: Visit Full APG Weight 8-18

Record Position:

Data Element	Record Position	Data Element	Record Position
Visit Full APG Wgt 8	312-320	Visit Full APG Wgt 14	1920-1928
Visit Full APG Wgt 9	580-588	Visit Full APG Weight 15	2188-2196
Visit Full APG Wgt 10	848-856	Visit Full APG Weight 16	2456-2464
Visit Full APG Wgt 11	1116-1124	Visit Full APG Weight 17	2724-2732
Visit Full APG Wgt 12	1384-1392	Visit Full APG Weight 18	2992-3000
Visit Full APG Wgt 13	1652-1660		

Format – Length: Numeric - 9
 Effective Date: January 1, 2011
 Contained In: De-Identified Data Set: YES
 Limited Data Set: YES
 Identifiable Data Set: YES
 Deniable Data Element: No

Description:

Visit Full APG Weight is the sum of APG weights for the visit. *For internal DOH use only.*

Codes and Values:

1. Values are generated by the software.

OUTPUT Edits on Element:

1. This is a derived data element using software to generate the value.

INPUT Edits on Element:

Not applicable. This is a derived data element.

V. APPENDICES LISTING

V. Appendices

Below is a listing of the appendices to the Data Dictionary.

These appendices are maintained on the SPARCS website under the topics Data Collection (select Input Data Specifications, then Appendices) and Data Distribution (select either the Inpatient or Outpatient Data Dictionary, then Appendices). You can also go directly to the following URL <http://www.health.ny.gov/statistics/sparcs/sysdoc/appendix.htm>.

Note that some appendices are specific to **data submitters** (input data) or **data users** (output data), while some apply to **both**. These uses are specified in the “Used By” column of the table below.

APPENDIX	NAME	DESCRIPTION	USED BY
A	Date Edit Validation Table	Valid codes for Month, Day, Year	Both
B	Hour Reference Table	4 digit and 2 digit codes corresponding to each hour of the day	Both
C	New York State Patient Discharge Status or Disposition	Discharge Status of patient from health care facility. Codes established by NUBC.	Both
D	Expected Reimbursement Codes	Code definitions for Pay Source	Both
E	Address Abbreviations	Abbreviations for all address fields	Both
F	Zip/County Code Edit Validation Table	County Codes and first 3 digits of Zip Codes by county	Both
G	State Edit Validation Table	Abbreviations for States, Territories and Canadian Provinces	Both
H	UB Accommodation Codes	Moved to Appendix I	
I	Revenue Codes	Code definitions for Revenue Codes	Both
J	License Code Descriptions	Valid codes for health care professionals	Both
K	Payer IDs for Commercial Insurance and Other Payers	Provides resources to identify a variety of payers (commercial insurance companies, Medicaid FFS, Medicare FFS) for submitting "Payer ID" information. Lists codes for Medicaid managed care and miscellaneous codes. Historical codes for HMOs.	
L	Blue Cross and Blue Shield Plan Numbers	Plan numbers by state and Canadian province	Both
M	Input and Output	List of all data elements with collection year, data	

APPENDIX	NAME	DESCRIPTION	USED BY
	Alphabetical Listing of Data Elements	element name and number. Links to Data Dictionary for definitions, codes and values and edit applications.	Both
N	Coding Conditions and Exceptions	Points out several important coding conditions as well as exceptions to common coding conditions.	Submitters
NN	Programmers Guide for SPARCS requirements	Lists data elements and acceptable values. Indicates elements required by SPARCS.	Submitters
O	Medicaid Managed Care Payer ID Numbers	Lists payer ID, contract county, and plan type for Medicaid managed care plans.	Both
OO	Medicaid Rate Codes	Links to resources on Medicaid Rate Codes.	Both
P	Source of Payment Typology	Codes and descriptions for Source of Payment.	Both
Q	Inpatient Edit Program Error Codes	Lists and describes error codes for inpatient data. Links to data dictionary for additional information.	Submitters
R	Outpatient Edit Program Error Codes	Lists and describes error codes for outpatient data. Links to data dictionary for additional information.	Submitters
S	Service Category Group Definitions	Defines the six service category groups as listed on the SPARCS inpatient record and used in the Annual Report Series Tables.	Users
T	T-AIDS/HIV Record Editing	Explains edits to those records subject to HIV/AIDS review.	Users
TT	Abortion Record Editing	Explains guidelines that result in the setting of the abortion flag, restricting release of physician license number.	Users
U	NYS County/Region/HSA Table	List of codes for NYS county, region and Health Service Area Code (HSA)	Both
V	Edited Inpatient Output File Description	Lists data element names and positions in the Edited Inpatient Output File. Links to Data Dictionary for additional information.	Users
VV	Edited UDS Outpatient Output File Description	Lists data element names and positions in the Edited Outpatient Output File. Links to Data Dictionary for additional information.	Users
VVV	Inpatient Master File Description	Lists data element names and positions in the Edited Inpatient Master File. Links to Data Dictionary for additional information.	Users
VVVV	Inpatient Non-Identified Abbreviated File Description	Lists data element names and positions in the Inpatient De-Identified Abbreviated File. Links to Data Dictionary for additional information.	Users

APPENDIX	NAME	DESCRIPTION	USED BY
W	Edited UDS Outpatient Output Conversion Source	Edited Universal Data Set (UDS) Outpatient Output Conversion Source	Users
WW	Conversion Notes	Conversion Notes	Both
X	Unscheduled/Scheduled Admission Conversion Algorithm	Table used for determining scheduled vs. unscheduled admission	Users
Y	Groupers Versions Used by Year Reference Table	The values in the CURRENT, PRIOR and NEW Federal, AP State and APR State DRG and MDC fields are dependent upon the discharge year of the patient. Listed are the version numbers of the groupers used.	Users
Z	Identifying and Restricted Data	Lists identifying fields requiring approval of the Data Protection Review Board prior to release.	Users
ZZ	Using Continuation Records	Explains how continuation records are created and when multiple discharge records are created for a single patient stay. Explains continuation record handling for data users.	Users