Source Data Specifications
Outpatient Surgery Centers
All Tables in Comma Separated Value (.csv) File Format

Note: Unless otherwise stated, field categories are as specified in the most recent version of the Official Health Insurance Claim Form CMS 1500 Data Specifications of the National Uniform Claim Committee. Data for satellite locations should be provided separately.

		Encounter Table		
Field #	**Data Element Name**	**Field Type and Size**		**Comments**
1	Record Type	AN(2) = 01		
2	Account Type	A(1); 3 = Ambulatory Surgery Center		
3	Facility Type	A(1); 1 = Hospital 2 = Hospital Satellite 3 = Freestanding Center		
4	Facility National Provider ID	AN(10)		
5	CT Facility License ID	AN(9)		
6	Bill Type	AN(4); 4th character is type of bill frequency code = 1		
7	Date of Service	mmddyyyy		
8	Patient Last Name	AN(50)		
9	Patient First Name	AN(50)		
10	Patient Middle Initial	AN(1)		
11	Patient Social Security Number??	AN(9)		
12	Medical Record Number	AN(24)		
13	Patient Control Number	AN(24)		
14	Patient Street Address1	AN(50)		
15	Patient Street Address2	AN(50)		
16	Patient Address – City	AN(30)		
17	Patient Address – State	AN(2)		
18	Patient Address - Zip	AN(5)		
19	Patient Address – Zip code Ext	AN(4)		
20	Patient Birth Date	mmddyyyy		
21	Patient Sex	AN(1) ; Male = M, Female = F and Unknown = U		
22	Point of Origin for Visit	AN(1); 0 Information not available 1 Non-health care facility point of origin 2 Clinic or physician's office 6 Transfer from another health care facility 8 Court/law enforcement		
23	Patient Discharge Status	AN(2); 1 Home or self-care 2 Discharged or transferred to another short term general hospital for inpatient care 9 Admitted as an inpatient to this hospital		
24	Patient Ethnicity	AN(1); 1 = Hispanic/Latino, 2 = Non-Hispanic/Non-Latino		
25	Patient Race	AN(1); 1 = White 2 = Black/African American 3 = American Indian/Alaskan Native 4 = Native Hawaiian/Other Pacific Islander 5 = Asian 6 = Some other race 7 = Unknown		

26	Relationship to Insured - Primary	AN(2); 01 Spouse 02 Self 03 Child 04 Other	
27	Patient Marital Status	AN(2); 01 Single 02 Married 03 Other	
28	Patient Employment Status	AN(2); 01 Employed 02 Full-time student 03 Part-time Student 04 Other 05 Not Available	
29	Attending Physician Number	AN(9) – State License #	
30	Attending Physician NPI	AN(10)	
31	Referring Physician Number	AN(9) – State License #	
32	Referring Physician NPI	AN(10)	
33	Primary Payer ID	AN(5)	
34	Primary Payer Description1	AN(25)	
35	National Health Plan ID 1	AN(15) - Obtained through CMS Health Plan and Other Entity Enumeration System (HPOES)	
36	Primary Payment Source 1	AN(1); A = Self pay B = Worker's Compensation C = Medicare D = Medicaid E = Commercial Insurance Company F = Medicare Managed Care G = Medicaid Managed Care H = Commercial Insurance Managed Care I = CHAMPUS/TRICARE J = Other Government Payment K = Title V L = No Charge or free care M = Other	
37	Secondary Payer ID	AN(5)	
38	Secondary Payer Description2	AN(25)	
39	National Health Plan ID 2	AN(15) - Obtained through CMS Health Plan and Other Entity Enumeration System (HPOES)	
40	Secondary Payment Source 2	AN(1); A = Self pay B = Worker's Compensation C = Medicare D = Medicaid E = Commercial Insurance Company F = Medicare Managed Care G = Medicaid Managed Care H = Commercial Insurance Managed Care I = CHAMPUS/TRICARE J = Other Government Payment K = Title V L = No Charge or free care M = Other	
41	Tertiary Payer ID	AN(5)	
42	Tertiary Payer Description2	AN(25)	
43	National Health Plan ID 3	AN(15) - Obtained through CMS Health Plan and Other Entity Enumeration System (HPOES)	

44	Primary Payment Source 3	AN(1); A = Self pay B = Worker's Compensation C = Medicare D = Medicaid E = Commercial Insurance Company F = Medicare Managed Care G = Medicaid Managed Care H = Commercial Insurance Managed Care I = CHAMPUS/TRICARE J = Other Government Payment K = Title V L = No Charge or free care M = Other	
45	Total Charges	N(12); Revenue code 0001	
46	External Cause/Place of Injury Code1	AN(8)	
47	External Cause/Place of Injury Code2	AN(8)	
48	External Cause/Place of Injury Code3	AN(8)	

Diagnosis Table			
Field #	**Data Element Name**	**Field Type and Size**	**Comments**
1	Record Type	AN(2) = 02	
2	Facility National Provider ID	AN(10)	
3	CT Facility License ID	AN(9)	
4	Medical Record Number	AN(24)	
5	Patient Control Number	AN(24)	
7	Diagnosis Code1 ICD-9-CM	AN(8)	
8	Diagnosis Code2 ICD-9-CM	AN(8)	
9	Diagnosis Code3 ICD-9-CM	AN(8)	
10	Diagnosis Code4 ICD-9-CM	AN(8)	
11	Diagnosis Code5 ICD-9-CM	AN(8)	
12	Diagnosis Code6 ICD-9-CM	AN(8)	
13	Diagnosis Code7 ICD-9-CM	AN(8)	
14	Diagnosis Code8 ICD-9-CM	AN(8)	
15	Diagnosis Code9 ICD-9-CM	AN(8)	
16	Diagnosis Code10 ICD-9-CM	AN(8)	
17	Diagnosis Code1 ICD-10-CM	AN(8)	
18	Diagnosis Code2 ICD-10-CM	AN(8)	
19	Diagnosis Code3 ICD-10-CM	AN(8)	
20	Diagnosis Code4 ICD-10-CM	AN(8)	
21	Diagnosis Code5 ICD-10-CM	AN(8)	
22	Diagnosis Code6 ICD-10-CM	AN(8)	
23	Diagnosis Code7 ICD-10-CM	AN(8)	
24	Diagnosis Code8 ICD-10-CM	AN(8)	
25	Diagnosis Code9 ICD-10-CM	AN(8)	
26	Diagnosis Code10 ICD-10-CM	AN(8)	

Procedure Table			
Field #	**Data Element Name**	**Format**	**Comments**
1	Record Type	AN(2) = 03	
2	Facility National Provider ID	AN(10)	
3	CT Facility License ID	AN(9)	
4	Medical Record Number	AN(24)	
5	Patient Control Number	AN(24)	
6	Date of Service_From	mmddyyyy	
7	Date of Service_To	mmddyyyy	
8	Revenue Code (UB-04)	N(4)	
9	CPT4/HCPC Code	AN(5)	
10	1st Modifier for CPT4/HCPC Code	AN(2)	
11	2nd Modifier for CPT4/HCPC Code	AN(2)	
12	3rd Modifier for CPT4/HCPC Code	AN(2)	
13	4th Modifier for CPT4/HCPC Code	AN(2)	
14	Diagnosis Pointer	N(1)	
15	Units of Service	N(7)	
16	Charges	N(9); Charges have to be for unique revenue codes and CPT/HCPC code combinations, else there will be double counting	

Facility Table			
Field #	**Data Element Name**	**Format**	**Comments**
1	Record Type	AN(2) = 04	
2	Facility National Provider ID	AN(10)	
3	CT Facility License ID	AN(9)	
4	Medicare Provider ID	AN(4); Last four characters of ID	
5	Facility Address	AN(25)	
6	Facility City	AN(16)	
7	Facility State	AN(2)	
8	Facility Zip Code	AN(5)	
9	Facility Contact _Last Name	AN(20)	
10	Facility Contact_First Nname	AN(2)	
11	Facility Contact_Phone Number	N(10) – no spaces or special characters	
12	Facility Contact_Fax Number	N(10) – no spaces or special characters	
13	Facility Contact_Email Address	AN(25)	