

Source Data Specifications
Hospital & Freestanding Ambulatory Surgery Centers Data Set
All Tables in Comma Delimited Text File Format

Note: Unless otherwise stated, field categories are as specified in the most recent version of the Official UB-04 Data Specifications Manual of the National Uniform Billing Committee. Data for satellite locations should be provided separately.

Encounter Table		
Field #	Data Element Name	Field Type and Size
1	Facility Type	A(1); 1 = Hospital 2 = Freestanding Center
2	Record Type	AN(2) = 01
3	Facility National Provider ID	AN(10)
4	CT Facility License ID	AN(9)
5	Bill Type	AN(4); 4th character is type of bill frequency code = 1
6	Statement Covers Period From	mmddyyyy
7	Statement Covers Period Through	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	Admit Type	AN(1) 1 = Emergency 2 = Urgent 3 = Elective 4 = Newborn 5 = Trauma Center 9 = Information not Available
23	Admission/Start of Care Date	mmddyyyy
24	Admission/Registration Hour	AN(2)
25	Source of Origin/Admission	AN(1); 0 Information not available 1 Non-health care facility point of origin 2 Clinic or physician's office 4 Transfer from a hospital 5 Transfer from a skilled nursing facility, a intermediate care facility or ALF 6 Transfer from another health care facility 8 Court/law enforcement 9 Newborn D Transfer from one distinct unit of the hospital to another distinct unit of the same hospital inpatient E. Transfer from an ambulatory surgery center F Transfer from a hospice facility

26	Discharge Date	mmddyyyy
27	Discharge Hour	AN(2)
8	Patient Discharge Status	AN(2); 1 Home or self-care 2 Discharged or transferred to another short term general hospital for inpatient care 3 Discharged or transferred to a Skilled Nursing Facility (SNF) with Medicare Certification 4 Discharged or transferred to an Intermediate Care Facility (ICF) 5 Discharged or transferred to another type of institution before Oct 2007 - to Cancer Center or Children's Hospital effective 10/1/2007 6 Discharged or transferred home under care of organized Home Health Service 7 Left against medical advice or discontinued care 8 Discharged or transferred to home under care of an home IV Provider 9 Admitted as an inpatient to this hospital 20 Expired 21 Discharged or transferred to Court/Law Enforcement 30 Still patient 40 Expired at home 41 Expired in a medical facility e.g. hospital, SNF, ICF or freestanding hospice care 42 Expire -place unknown 43 Discharged or transferred to a Federal Health Care Facility 50 Hospice - home 51 Hospice - medical facility 61 Discharged to hospital-based Medicare approved swing bed 62 Discharged to an inpatient rehab facility or IRF or rehab unit of hospital 63 Discharged to Medicare certified long-term care hospital (LTCH) 64 Discharged to nursing facility certified under Medicaid but not Medicare 65 Discharged to psychiatric hospital or psychiatric distinct part unit of a hospital 66 Discharged to a Critical Access Hospital (CAH) 70 Discharged or transferred to another type of institution no defined elsewhere in this code list effective 10/1/07
29	Patient Ethnicity	AN(1); 1 = Hispanic/Latino, 2 = Non-Hispanic/Non-Latino
30	Patient Race	AN(1); 1 = White 2 = Black/African American 3 = American Indian/Alaskan Native 4 = Native Hawaiian/Other Pacific Islander 5 = Asian 6 = Two or more races 7 = Some other race 8 = Unknown

31	Relationship to Insured - Primary	AN(2); 01 Spouse 18 Self 19 Child 20 Employee 21 Unknown 30 Organ Donor 40 Cadaver Donor 53 Life Partner G8 Other Relationship
32	Attending Physician Number	AN(9) – State Licence #
33	Attending Physician NPI	AN(10)
34	Primary Payer ID	AN(5)
35	Secondary Payer ID	AN(5)
36	Tertiary Payer ID	AN(5)
37	National Health Plan ID 1	AN(15)
38	National Health Plan ID 2	AN(15)
39	National Health Plan ID 3	AN(15)
40	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
41	Secondary Payment Source 2	AN(1); Same categories as (40)
42	Tertiary Payment Source 3	AN(1); Same categories as (40)
43	Total Charges	N(12); Revenue code 0001
44	Admitting Diagnosis	AN(8) – includes present on admission indicator
45	Patient's Reason for Visit /Presenting Complaint Diagnosis	AN(8) – includes present on admission indicator
46	External Cause of Injury Code 1	AN(8) – includes present on admission indicator
47	External Cause of Injury Code 2	AN(8) – includes present on admission indicator
48	External Cause of Injury Code 3	AN(8) – includes present on admission indicator
49	Previous Admission	AN(1); 1 = Less than 31 days 2 = More than 30 but less than 61 days 3 = More than 60 but less than 91 days 4 = More than 90 but less than 181 days 5 = More than 180 days 6 = No previous hospitalization 7 = Unknown

Diagnosis Table		
Field #	Data Element Name	Format
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)
6	Diagnosis Code Sequence (1–10)	N(2)
7	Diagnosis Code (ICD-9-CM) (1–10)	AN(8) – includes present on admission indicator
8	Diagnosis Code (ICD-10-CM) (1–10)	AN(8) – includes present on admission indicator
9	Condition Code (1-10)	AN(2)
10	Occurrence Code (1 – 10)	AN(2)
11	Occurrence Date (1 – 10)	mmddyyyy

Procedure Table		
Field #	Data Element Name	Format
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	Procedure Code Sequence (1 – 10)	N(2)
7	Procedure Code (ICD-9-CM) (1–10)	AN(7)
8	Procedure Code (ICD-10-CM) (1–10)	AN(7)
9	Procedure Date	mmddyyyy
10	Procedure Physician ID	AN(9) – State License ID
11	Procedure Physician NPI	AN(10)

Revenue Code Table		
Field #	Data Element Name	Format
1	Record Type	AN(2) = 04
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	Revenue Code (UB-04)	N(4)
7	Charges	N(9); Charges have to be for unique revenue codes and CPT/HCPC code combinations, else there will be double counting
8	Units of Service	N(7)
9	CPT4/HCPC Code, if available	AN(5)
10	1 st Modifier for CPT4/HCPC Code	AN(2)
11	2 nd Modifier for CPT4/HCPC Code	AN(2)
12	3 rd Modifier for CPT4/HCPC Code	AN(2)
13	4 th Modifier for CPT4/HCPC Code	AN(2)
14	5 th Modifier for CPT4/HCPC Code	AN(2)
15	CPT/HCPC Service Date	mmddyyyy

Facility Table		
Field #	Data Element Name	Format
1	Record Type	AN(2) = 05
2	Facility National Provider ID	AN(10)
3	Medicare Provider ID	AN(4); Last four characters of ID
4	Facility Address	AN(25)
5	Facility City	AN(16)
6	Facility Zip Code	AN(5)