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## **OUTPATIENT DATA SET**

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The Outpatient Data Set includes all outpatient discharges for the specified month period. The specified outpatient data elements should be reported for all of the following case categories:

- **Ambulatory Surgery.** Same day hospital surgery events performed on an outpatient basis.
- **Emergency Room.** All acuity range cases performed in the Emergency Room. Cases already reported by the hospital in the Inpatient Data extracts should NOT be included. (e.g. those patients admitted through the emergency room)

Generally, data elements specified in the HHIC Outpatient Data Set follow UB-04 standard formats and values.

### **Technical Notes**

Data elements contained in the Outpatient Data Set represent a subset of the data fields specified in the Inpatient Data Set. In most cases, data values are consistent with those specified for the Inpatient Data Set.

There are four data fields exclusive to the Outpatient Data Set and not included in the Inpatient Data Set: *Admission Hour, Discharge Hour, HCPCS codes and HCPCS modifiers.*

Explanations on the new data added in 2011 are provided below:

#### **New Record Type**

- **Observation.** Observation care is a well-defined set of specific, clinically appropriate services, which include ongoing short term treatment, assessment, and reassessment before a decision can be made regarding whether patients will require further treatment as hospital inpatients or if they are able to be discharged from the hospital. Cases already reported by the hospital in the Inpatient Data extracts should NOT be included. (e.g. those patients admitted from observation service).

#### **Deleted Data Elements**

- **HCPCS Code (1-20) and HCPCS Code Modifier (1-3):** These data elements will now be a part of the new Revenue Data Set. The position of all data elements after these elements in the outpatient data set have now been moved forward in the data set.



***Data Field Layout***

DATA ELEMENT	DATA TYPE	DATA LENGTH	COLUMN
Medicare Provider Number	N	6	1 - 6
Account (Register) Number	A	15	7 - 21
Medical Record Number	A	15	22 - 36
Date of Birth	D	8	37 - 44
Sex	N	1	45 - 45
Race	A	2	46 - 47
Zip Code of Residence	N	5	48 - 52
Date of Admission	D	6	53 - 58
Date of Discharge	D	6	59 - 64
Principal Source of Payment	N	2	65 - 66
Disposition of Patient	N	2	67 - 68
Disposition of Patient - Specific Facility	A	6	69 - 74
Total Charges	N	7	75 - 81
Hospital Based Physician Charges	N	6	82 - 87
Birth Weight	N	4	88 - 91
Attending Physician	A	9	92 - 100
Principal Diagnosis Code	A	5	101 - 105
Other Diagnosis - 1	A	5	106 - 110
Other Diagnosis - 2	A	5	111 - 115
Other Diagnosis - 3	A	5	116 - 120
Other Diagnosis - 4	A	5	121 - 125
Other Diagnosis - 5	A	5	126 - 130
Other Diagnosis - 6	A	5	131 - 135
Other Diagnosis - 7	A	5	136 - 140
Other Diagnosis - 8	A	5	141 - 145
Other Diagnosis - 9	A	5	146 - 150
E-Code	A	5	151 - 155
Principal Procedure	A	4	156 - 159
Other Procedures - 1	A	4	160 - 163
Other Procedures - 2	A	4	164 - 167
Other Procedures - 3	A	4	168 - 171
Other Procedures - 4	A	4	172 - 175
Other Procedures - 5	A	4	176 - 179
Other Procedures - 6	A	4	180 - 183
Other Procedures - 7	A	4	184 - 187
Other Procedures - 8	A	4	188 - 191
Other Procedures - 9	A	4	192 - 195
Principal Surgeon	A	9	196 - 204
Other Surgeon - 1	A	9	205 - 213
Other Surgeon - 2	A	9	214 - 222
Other Surgeon - 3	A	9	223 - 231
Other Surgeon - 4	A	9	232 - 240
Other Surgeon - 5	A	9	241 - 249
Other Surgeon - 6	A	9	250 - 258
Other Surgeon - 7	A	9	259 - 267
Other Surgeon - 8	A	9	268 - 276
Other Surgeon - 9	A	9	277 - 285



**HEALTH CARE DATA SETS**  
**Technical Specifications, Version 8**  
**Outpatient Data Set**

DATA ELEMENT	DATA TYPE	DATA LENGTH	COLUMN
Principal Procedure Date	D	6	286 - 291
Other Procedure Date - 1	D	6	292 - 297
Other Procedure Date - 2	D	6	298 - 303
Other Procedure Date - 3	D	6	304 - 309
Other Procedure Date - 4	D	6	310 - 315
Other Procedure Date - 5	D	6	316 - 321
Other Procedure Date - 6	D	6	322 - 327
Other Procedure Date - 7	D	6	328 - 333
Other Procedure Date - 8	D	6	334 - 339
Other Procedure Date - 9	D	6	340 - 345
Priority (Type) of Admission or Visit	A	1	346 - 346
Source of Admission	A	1	347 - 347
Source of Admission – Specific Facility	A	6	348 - 353
Admission Hour	A	2	354 - 355
Discharge Hour	A	2	356 - 357
Social Security Number	N	9	358 - 366
Patient First Name	A	30	367 - 396
Patient Last Name	A	30	397 - 426
Mailing Address 1	A	30	427 - 456
Mailing Address 2	A	30	457 - 486
Mailing Address - City	A	30	487 - 516
Mailing Address - State	A	2	517 - 518
Mailing Address - Zip Code	A	5	519 - 523
Patient Phone Number	N	10	524 - 533
Opt-Out Flag	A	1	534 - 534
Patient Middle Initial	A	1	535 - 535
Patient Name Suffix	A	3	536 - 538
Record Type	A	1	539 - 539



### ***Medicare Provider Number***

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<b><i>Data Element:</i></b>	Medicare Provider Number
<b><i>Length:</i></b>	6
<b><i>Position:</i></b>	1 - 6
<b><i>Data Type:</i></b>	Integer
<b><i>Definition:</i></b>	Hospital's Medicare provider number as assigned by CMS.
<b><i>Instruction:</i></b>	Right justify. Do not leave this field blank.
<b><i>Edits:</i></b>	HOSPITAL CODE MUST BE MEDICARE PROVIDER NUMBER Provider number must be valid code in reference file.



### ***Account (Register) Number***

---

***Data Element:*** Account (Register) Number

***Length:*** 15

***Position:*** 7 - 21

***Data Type:*** Alpha-Numeric

***Definition:*** The number assigned to the patient's visit by the hospital. The account number is typically used for charge and/or billing purposes.

***Instructions:*** Left justify the account number.  
Valid characters: A through Z, 0 through 9, . (period), and - (hyphen).  
Leave unused right most positions blank. Do not zero fill them.  
Do not leave this field blank.

***Edits:*** **DUPLICATE ACCOUNT**  
Multiple records have been submitted with the same Medicare provider number and account number.

**ACCOUNT NUMBER MUST BE PRESENT**  
Account number must be non-blank.



### ***Medical Record Number***

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<b><i>Data Element:</i></b>	Medical Record Number
<b><i>Length:</i></b>	15
<b><i>Position:</i></b>	22 - 36
<b><i>Data Type:</i></b>	Alphanumeric
<b><i>Definition:</i></b>	The number assigned to the patient's medical/health record by the hospital. The medical record number is typically used to do an audit of the history of treatment.
<b><i>Instruction:</i></b>	Left justify the medical record number. Valid characters: A through Z, 0 through 9, . (period), and - (hyphen). Leave unused right most positions blank. Do not zero fill them. Do not leave this field blank.
<b><i>Edits:</i></b>	<b>DUPLICATE RECORD</b> Multiple records have been submitted with the same Medicare provider number, medical record number, date of birth, and discharge date.  <b>MEDICAL RECORD NUMBER MUST BE PRESENT</b> Medical record number must be non-blank.



### ***Date of Birth***

---

***Data Element:*** Date of Birth

***Length:*** 8

***Position:*** 37 - 44

***Data Type:*** Date

***Definition:*** Month, day, and year (including century) of birth of the patient.

***Instruction:*** YYYYMMDD  
If the month, day or year of birth is a single digit, use a preceding zero.  
There should be no blanks in this field.  
If the date of birth is unknown, the month and day should be recorded as 0701 and the approximate year should be calculated based upon the patient's age.  
Do not leave this field blank.

***Edits:*** INVALID DATE OF BIRTH  
Date of birth must be present, YYYYMMDD format, month 1 and 12, day appropriate for month, DOB greater than 18900101.

DUPLICATE RECORD  
Multiple records have been submitted with the same Medicare provider number, medical record number, date of birth, and discharge date.



## **Sex**

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<b>Data Element:</b>	Sex
<b>Length:</b>	1
<b>Position:</b>	45 - 45
<b>Data Type:</b>	Integer
<b>Definition:</b>	Sex of patient  1 = Male 2 = Female 3 = Other (Congenital anomaly when the sex cannot be determined) 4 = Unknown (Transsexual surgery or when the sex of the patient is unknown)
<b>Instruction:</b>	Do not leave this field blank.
<b>Edits:</b>	INVALID SEX - MUST BE 1 - 4 Sex must be 1, 2, 3, or 4  INVALID SEX FOR DIAGNOSIS If reference file indicates male only diagnosis, sex must be 1. If reference file indicates female only diagnosis, sex must be 2.  INVALID SEX FOR PROCEDURE If reference file indicates male only procedure, sex must be 1. If reference file indicates female only procedure, sex must be 2.



***Race/Ethnicity***

---

**Data Element:** Race/Ethnicity

**Length:** 2

**Position:** 46 - 47

**Data Type:** Alpha-Numeric

**Definition:** The race or ethnicity with which the patient most closely identifies (i.e. race/ethnicity is self reported).

Alaska Native	A	Native Hawaiian	H
American Indian	I	Other Asian	Q
Arab/Arabian	Z	Other Hispanic or Latino	E
Asian Indian	D	Other Micronesian	M
Black or African American	B	Other Pacific Islander	Y
Chinese	C	Other Race	O
Fijian	1	Part Native Hawaiian	P
Filipino	F	Portuguese	5
Guamanian or Chamorro	G	Puerto Rican	R
Japanese	J	Samoan	S
Korean	K	Tahitian	6
Laotian	L	Thai	7
Malaysian	2	Tokelauan	8
Maori	N	Tongan	T
Marshallese	3	Unknown\Refused	U
Melanesian	X	Vietnamese	V
Mexican	4	White/Caucasian	W

**Instructions:** Do not leave this field blank.

If Hawaiian is one of multiple races/ethnicities listed, then Part-Hawaiian is coded.

If a non-Caucasian race/ethnicity is listed with a Caucasian race/ethnicity, then the non-Caucasian race/ethnicity is coded.

If more than one non-Caucasian race/ethnicity is listed, then the first one is coded.

If more than one Caucasian ethnicity is listed, then the first one is coded.

**Edits:** (10) INVALID RACE  
Race code must be in the list of valid codes.



***Race/Ethnicity (continued)***

The following is a chart showing which sub categories make up each of the HHIC Race/Ethnicity codes. Race/Ethnicity is self reported.

<u>HHIC Race/ Ethnicity Codes</u>	<u>Subcategories</u>
<b>A Alaska Native</b>	
<b>I American Indian</b>	
<b>Z Arab/Arabian</b>	
<b>D Asian Indian</b>	
<b>B Black or African American</b>	<ul style="list-style-type: none"> <li>African</li> <li>Bahamian</li> <li>Barbadian</li> <li>Botswanan</li> <li>Dominica Islander</li> <li>Ethiopian</li> <li>Haitian</li> <li>Jamaican</li> <li>Liberian</li> <li>Namibian</li> <li>Nigerian</li> <li>Tobagoan</li> <li>Trinidadian</li> <li>West Indian</li> <li>Zairean</li> </ul>
<b>C Chinese</b>	Taiwanese
<b>1 Fijian</b>	
<b>F Filipino</b>	
<b>G Guamanian or Chamorro</b>	
<b>J Japanese</b>	<ul style="list-style-type: none"> <li>Iwo Jiman</li> <li>Okinawan</li> </ul>
<b>K Korean</b>	
<b>L Laotian</b>	
<b>2 Malaysian</b>	
<b>N Maori</b>	
<b>3 Marshallese</b>	
<b>X Melanesian</b>	<ul style="list-style-type: none"> <li>New Hebrides</li> <li>Papua New Guinean</li> <li>Solomon Islander</li> </ul>
<b>4 Mexican</b>	<ul style="list-style-type: none"> <li>Chicano</li> <li>La Raza</li> <li>Mexican American</li> <li>Mexican American Indian</li> <li>Mexicano</li> </ul>
<b>H Native Hawaiian</b>	



***Race/Ethnicity (continued)***

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<u>HHIC Race/ Ethnicity Codes</u>	<u>Subcategories</u>
Q Other Asian	Bangladeshi Bhutanese Burmese Cambodian East Indian Hmong Indonesian Madagascar Maldivian Nepalese Pakistani Singaporean Sri Lankan



***Race/Ethnicity (continued)***

<b><u>HHIC Race/ Ethnicity Codes</u></b>	<b><u>Subcategories</u></b>
<b>E Other Hispanic or Latino</b>	Andalusian
	Argentinean
	Asturian
	Belearic Islander
	Bolivian
	Canal Zone
	Canarian
	Castillian
	Catalonian
	Central American
	Central American Indian
	Chicano
	Chilean
	Colombian
	Costa Rican
	Criollo
	Cuban
	Dominican
	Ecuadorian
	Gallego
	Guatemalan
	Honduran
	La Raza
	Latin American
	Nicaraguan
	Panamanian
	Paraguayan
	Peruvian
	Salvadoran
	South American
	South American Indian
	Spaniard
	Spanish Basque
Uruguayan	
Valencian	
Venezuelan	
<b>M Other Micronesian</b>	Carolinian
	Chuukese
	Kiribati
	Kosraean
	Mariana Islander
	Palauan
	Pohnpeian
Saipanese	
Yapese	



***Race/Ethnicity (continued)***

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**HHIC Race/ Ethnicity Codes**

**Subcategories**

- O Other Race**
- P Part Native Hawaiian**
- 5 Portuguese**
- R Puerto Rican**
- S Samoan**
- 6 Tahitian**
- 7 Thai**
- 8 Tokelauan**
- T Tongan**
- U Unknown\Refused**
- V Vietnamese**



***Race/Ethnicity (continued)***

**HHIC Race/ Ethnicity Codes**

**Subcategories**

**W White/Caucasian**

- Afghanistani
- Algerian
- Armenian
- Assyrian
- Bosnian
- Croatian
- Egyptian
- English
- European
- French
- German
- Iranian
- Iraqi
- Irish
- Israeli
- Italian
- Jordanian
- Kuwaiti
- Lebanese
- Libyan
- Middle Eastern or North African
- Other European
- Palestinian
- Polish
- Russian
- Saudi Arabian
- Scottish
- Serbian
- Syrian
- Tunisian
- Turkish
- Yemen



***Race/Ethnicity (continued)***

HHIC encourages hospitals to collect other races/ethnicities in addition to our 34 categories. Please use the following list of sub categories to assign the HHIC race code. If you collect others that are not included in this list, please consult HHIC regarding the mapping. The entries in bold are the 34 HHIC race/ethnicities. Race/Ethnicity is self reported.

<b>Race/ Ethnicity</b>	<b>Map to HHIC Code</b>
Afghanistani	W White/Caucasian
African	B Black or African American
<b>Alaska Native</b>	<b>A</b>
Algerian	W White/Caucasian
<b>American Indian</b>	<b>I</b>
Andalusian	E Other Hispanic or Latino
<b>Arab/Arabian</b>	<b>Z</b>
Argentinean	E Other Hispanic or Latino
Armenian	W White/Caucasian
<b>Asian Indian</b>	<b>D</b>
Assyrian	W White/Caucasian
Asturian	E Other Hispanic or Latino
Bahamian	B Black or African American
Bangladeshi	Q Other Asian
Barbadian	B Black or African American
Belearic Islander	E Other Hispanic or Latino
Bhutanese	Q Other Asian
<b>Black or African American</b>	<b>B</b>
Bolivian	E Other Hispanic or Latino
Bosnian	W White/Caucasian
Botswanan	B Black or African American
Burmese	Q Other Asian
Cambodian	Q Other Asian
Canal Zone	E Other Hispanic or Latino
Canarian	E Other Hispanic or Latino
Carolinian	M Other Micronesian
Castillian	E Other Hispanic or Latino
Catalonian	E Other Hispanic or Latino
Central American	E Other Hispanic or Latino
Central American Indian	E Other Hispanic or Latino
Chicano	E Other Hispanic or Latino
Chilean	E Other Hispanic or Latino
<b>Chinese</b>	<b>C</b>
Chuukese	M Other Micronesian
Colombian	E Other Hispanic or Latino
Costa Rican	E Other Hispanic or Latino
Criollo	E Other Hispanic or Latino
Croatian	W White/Caucasian
Cuban	E Other Hispanic or Latino
Dominica Islander	B Black or African American
Dominican	E Other Hispanic or Latino
East Indian	Q Other Asian



***Race/Ethnicity (continued)***

<b>Race/ Ethnicity</b>	<b>Map to HHIC Code</b>
Ecuadorian	E Other Hispanic or Latino
Egyptian	W White/Caucasian
English	W White/Caucasian
Ethiopian	B Black or African American
European	W White/Caucasian
<b>Fijian</b>	<b>1</b>
<b>Filipino</b>	<b>F</b>
French	W White/Caucasian
Gallego	E Other Hispanic or Latino
German	W White/Caucasian
<b>Guamanian or Chamorro</b>	<b>G</b>
Guatemalan	E Other Hispanic or Latino
Haitian	B Black or African American
Hmong	Q Other Asian
Honduran	E Other Hispanic or Latino
Indonesian	Q Other Asian
Iranian	W White/Caucasian
Iraqi	W White/Caucasian
Irish	W White/Caucasian
Israeli	W White/Caucasian
Italian	W White/Caucasian
Iwo Jiman	J Japanese
Jamaican	B Black or African American
<b>Japanese</b>	<b>J</b>
Jordanian	W White/Caucasian
Kiribati	M Other Micronesian
<b>Korean</b>	<b>K</b>
Kosraean	M Other Micronesian
Kuwaiti	W White/Caucasian
La Raza	E Other Hispanic or Latino
<b>Laotian</b>	<b>L</b>
Latin American	E Other Hispanic or Latino
Lebanese	W White/Caucasian
Liberian	B Black or African American
Libyan	W White/Caucasian
Madagascar	Q Other Asian
<b>Malaysian</b>	<b>2</b>
Maldivian	Q Other Asian
<b>Maori</b>	<b>N</b>
Mariana Islander	M Other Micronesian
<b>Marshallese</b>	<b>3</b>
<b>Melanesian</b>	<b>X</b>
<b>Mexican</b>	<b>4</b>
Mexican American	4 Mexican
Mexican American Indian	4 Mexican
Mexicano	4 Mexican



***Race/Ethnicity (continued)***

<b>Race/ Ethnicity</b>	<b>Map to HHIC Code</b>
Middle Eastern or North African	W White/Caucasian
Namibian	B Black or African American
<b>Native Hawaiian</b>	<b>H</b>
Nepalese	Q Other Asian
New Hebrides	X Melanesian
Nicaraguan	E Other Hispanic or Latino
Nigerian	B Black or African American
Okinawan	J Japanese
<b>Other Asian</b>	<b>Q</b>
Other European	W White/Caucasian
<b>Other Hispanic or Latino</b>	<b>E</b>
<b>Other Micronesian</b>	<b>M</b>
<b>Other Pacific Islander</b>	<b>Y</b>
<b>Other Race</b>	<b>O</b>
Pakistani	Q Other Asian
Palauan	M Other Micronesian
Palestinian	W White/Caucasian
Panamanian	E Other Hispanic or Latino
Papua New Guinean	X Melanesian
Paraguayan	E Other Hispanic or Latino
<b>Part Native Hawaiian</b>	<b>P</b>
Peruvian	E Other Hispanic or Latino
Pohnpeian	M Other Micronesian
Polish	W White/Caucasian
<b>Portuguese</b>	<b>5</b>
<b>Puerto Rican</b>	<b>R</b>
Russian	W White/Caucasian
Saipanese	M Other Micronesian
Salvadoran	E Other Hispanic or Latino
<b>Samoan</b>	<b>S</b>
Saudi Arabian	W White/Caucasian
Scottish	W White/Caucasian
Serbian	W White/Caucasian
Singaporean	Q Other Asian
Solomon Islander	X Melanesian
South American	E Other Hispanic or Latino
South American Indian	E Other Hispanic or Latino
Spaniard	E Other Hispanic or Latino
Spanish Basque	E Other Hispanic or Latino
Sri Lankan	Q Other Asian
Syrian	W White/Caucasian
<b>Tahitian</b>	<b>6</b>
Taiwanese	C Chinese
<b>Thai</b>	<b>7</b>
Tobagoan	B Black or African American



***Race/Ethnicity (continued)***

<b>Race/ Ethnicity</b>	<b>Map to HHIC Code</b>
<b>Tokelauan</b>	<b>8</b>
<b>Tongan</b>	<b>T</b>
Trinidadian	B Black or African American
Tunisian	W White/Caucasian
Turkish	W White/Caucasian
<b>Unknown\Refused</b>	<b>U</b>
Uruguayan	E Other Hispanic or Latino
Valencian	E Other Hispanic or Latino
Venezuelan	E Other Hispanic or Latino
<b>Vietnamese</b>	<b>V</b>
West Indian	B Black or African American
<b>White/Caucasian</b>	<b>W</b>
Yapese	M Other Micronesian
Yemen	W White/Caucasian
Zairean	B Black or African American



### ***Zip Code of Residence***

---

***Data Element:*** Zip Code of Residence

***Length:*** 5

***Position:*** 48 - 52

***Data Type:*** Integer

***Definition:*** United States postal zip code for the address of the patient's current residence. Use country codes for non-U.S. residents.

***Instruction:*** Right justify, filling any leading blanks with zeros.  
Provide the five digit postal zip code for U.S. residents.  
For out of country patients, enter 88888.  
If the zip code is unknown, enter 99999.  
Do not leave this field blank.

***Edits:*** INVALID ZIP CODE  
Zip code must be valid zip code, 88888 or 99999



### ***Date of Admission***

---

<b><i>Data Element:</i></b>	Date of Admission
<b><i>Length:</i></b>	6
<b><i>Position:</i></b>	53 - 58
<b><i>Data Type:</i></b>	Date
<b><i>Definition:</i></b>	Month, day and year of admission to the hospital as an ambulatory (outpatient) surgery or Emergency Room patient. This along with Discharge Date is used to calculate length of stay which for the ambulatory and ER patient types should not exceed one day.
<b><i>Instruction:</i></b>	YYMMDD If the month, day or year of admission is a single digit, use a preceding zero. There should be no blanks in this field. Do not leave this field blank.
<b><i>Edits:</i></b>	<b>PATIENT DISCHARGED BEFORE ADMISSION</b> Admission Date must be less than or equal to Discharge Date.  <b>PROCEDURE DATE IS NOT WITHIN STAY</b> If valid Procedure Date, Admission Date and Discharge Date, the Procedure Date must be greater than or equal to Admission Date and less than or equal to Discharge Date  <b>INVALID ADMISSION DATE</b> Admit date must be present, YYMMDD format, month between 1 and 12, day appropriate for month, date not in the future.  <b>LOS GREATER THAN 2 DAYS</b> Lengths of stay greater than 2 days must be confirmed.



## ***Date of Discharge***

---

***Data Element:*** Date of Discharge

***Length:*** 6

***Position:*** 59 - 64

***Data Type:*** Date

***Definition:*** Month, day and year of discharge from the hospital as an ambulatory (outpatient) surgery or Emergency Room patient. This along with Admission Date is used to calculate length of stay which for the ambulatory and ER patient types should not exceed one day.

***Instruction:*** YYMMDD  
If the month, day or year of admission is a single digit, use a preceding zero. There should be no blanks in this field.  
Do not leave this field blank.

***Edits:*** PATIENT DISCHARGED BEFORE ADMISSION  
Admission Date must be less than or equal to Discharge Date.

PROCEDURE DATE IS NOT WITHIN STAY  
If valid Procedure Date, Admission Date and Discharge Date, the Procedure Date must be greater than or equal to Admission Date and less than or equal to Discharge Date

INVALID DISCHARGE DATE  
Discharge Date must be present, YYMMDD format, month between 1 and 12, day appropriate for month, date not in the future.

LOS GREATER THAN 2 DAYS  
Lengths of stay greater than 2 days must be confirmed.

DUPLICATE RECORD  
Multiple records have been submitted with the same Medicare provider number, medical record number, date of birth, and discharge date



***Principal Source of Payment***

---

**Data Element:** Principal Source of Payment

**Length:** 2

**Position:** 65 - 66

**Data Type:** Integer

**Definition:** Expected principal source of payment for this hospital admission.

- 01 = Medicare
- 02 = Medicaid/QUEST Expanded Access (QExA)
- 04 = HMSA (any other HMSA plan)
- 05 = Kaiser
- 06 = Other Insurance
- 07 = Self Pay/Charity Care
- 08 = No Fault
- 09 = Workers' Compensation
- 11 = Unknown
- 12 = DOD (Department of Defense) (Tripler Use Only)
- 14 = HMSA Health Plan Hawaii
- 15 = AlohaCare (QUEST)
- 16 = Hawaii Management Alliance Association (HMAA)
- 17 = University Health Alliance (UHA)
- 18 = HMSA 65C+
- 19 = Kaiser Senior Advantage
- 20 = Veterans Administration (VA)
- 21 = TRICARE/CHAMPUS/Other Government
- 22 = HMSA QUEST
- 23 = Kaiser QUEST
- 24 = QUEST (any QUEST plan except AlohaCare, HMSA QUEST, Kaiser QUEST)
- 25 = Secure Horizons Medicare Advantage
- 26 = AlohaCare Advantage/Advantage Plus
- 27 = Summerlin Insurance
- 28 = HMSA Akamai Advantage

**Instructions:** Enter leading zero for single digit codes.  
Do not leave this field blank.

**Edits:** INVALID PAY SOURCE - MUST BE 1 - 27  
Pay source must be between 1 and 27

**HHIC Note:** Out-of-state Medicaid plans are also included in payer 02. (3/05)



***Patient Discharge Status (Disposition of Patient)***

<b>Data Element:</b>	Patient Discharge Status (Disposition of Patient)
<b>Length:</b>	2
<b>Position:</b>	67 - 68
<b>Data Type:</b>	Integer
<b>Definition:</b>	<p>Patient disposition or discharge status. Same as UB-04 (form locator 17) patient status field.</p> <p>01 = Discharged to Home or Self Care (Routine Discharge)            02 = Discharged/Transferred to Short-Term General Hospital for Inpatient Care            03 = Discharged/transferred to a Skilled Nursing Facility (SNF) with Medicare Certification in Anticipation of Skilled Care            04 = Discharged/transferred to a Facility that Provides Custodial or Supportive Care (including ICF) (name change 10/09)            05 = Discharged/transferred to Designated Cancer Center of Children’s Hospital (4/1/08 discharges).            06 = Discharged/transferred to Home Under Care of Organized Home Health Service Organization in Anticipation of Covered Skilled Care.            07 = Left Against Medical Advice or Discontinued Care            *09 = Admitted as an Inpatient to this Hospital            20 = Expired            21 = Discharged/transferred to Court/Law Enforcement (effective 10/09)            30 = Still Patient            40 = Expired at Home (Hospice only)            41 = Expired in Medical Facility; e.g. hospital, SNF, ICF, or Free Standing Hospice (Hospice only)            42 = Expired - Place Unknown (hospice only)            43 = Discharged/transferred to a Federal Health Care Facility (10/1/03 discharges)            50 = Hospice – Home            51 = Hospice – Medical Facility            61 = Discharged/transferred within this institution to a Hospital-Based Medicare Approved Swing Bed.            62 = Discharged/transferred to an Inpatient Rehabilitation Facility (IRF) including Rehabilitation Distinct Part Units of a Hospital.            63 = Discharged/transferred to a Medicare Certified Long Term Care Hospital (LTCH)            64 = Discharged/transferred to a Nursing Facility Certified by Medicaid, but not Certified by Medicare.            65 = Discharged/transferred to a Psychiatric Hospital or Psychiatric Distinct Part Unit of a Hospital (4/1/04 discharges).            66 = Discharged/transferred to a Critical Access Hospital (CAH) (1/1/06 discharges)            70 = Discharged/Transferred to another Type of Health Care Institution not Defined Elsewhere in the Code List (4/1/08 discharges).</p>

\*Applies only to outpatient services that begin greater than three days prior to an admission.

**Instructions:** Do not leave this field blank.

**Edits:** INVALID DISPOSITION - MUST BE 01-07, 09, 20, 21, 30, 40-43, 50-51, 61-66, 70



***Disposition of Patient - Specific Facility***

**Data Element:** Disposition of Patient – Specific Facility

**Length:** 6

**Position:** 69 - 74

**Data Type:** Alphanumeric

**Definition:** Hospital's Medicare provider number as assigned by CMS for the facility that patient is transferred to by your facility. When discharge disposition (position 67 - 68) has a value of 02 (transfer to acute hospital), this data element must be filled in.

120006	Castle Medical Center
121307	Hale Ho'ola Hamakua
120010	Hawaii Medical Center-East
120027	Hawaii Medical Center-West
120005	Hilo Medical Center
124001	Kahi Mohala
121304	Kahuku Hospital
120011	Kaiser Permanente Medical Center
123300	Kapiolani Medical Center for Women and Children
121301	Ka'u Hospital
121300	Kauai Veterans Memorial Hospital
121302	Kohala Hospital
120019	Kona Community Hospital
120007	Kuakini Medical Center
121308	Kula Hospital
121305	Lanai Community Hospital
120002	Maui Memorial Medical Center
121303	Molokai General Hospital
120028	North Hawaii Community Hospital
120026	Kapiolani Medical Center at Pali Momi
120001	Queen's Medical Center
123025	Rehabilitation Hospital of the Pacific
121306	Samuel Mahelona Memorial Hospital
120022	Straub Clinic and Hospital
12001F	Tripler Army Medical Center
120004	Wahiawa General Hospital
120014	Wilcox Memorial Hospital
999997	Other Acute Facility in U.S. (includes US Military facilities on foreign soil)
999998	Other Acute Facility outside of U.S.
999999	Unable to Provide Specific Facility

**Instructions:** Right justify.  
Leave blank for patients not transferred to another facility.

**Edits:** HOSPITAL CODE MUST BE MEDICARE PROVIDER NUMBER  
Provider number must be valid code in reference file.  
FACILITY MUST BE SPECIFIED IF DISPOSITION IS "02".



### ***Total Charges***

---

***Data Element:*** Total Charges

***Length:*** 7

***Position:*** 75 - 81

***Data Type:*** Integer

***Definition:*** Total charge for this episode including pharmacy, laboratory, X-ray and hospital based physician charges

***Instruction:*** Enter total dollars charged and right justify. Zero fill any empty positions.  
Truncate any cents.  
If the amount is over \$9,999,999, enter all 9's.  
Do not leave this field blank.

***Edits:*** TOTAL CHARGES MUST BE GREATER THAN ZERO  
Total charges must be non blank and greater than zero.

HOSPITAL BASED PHYSICIAN CHARGES EXCEED TOTAL CHARGES  
Hospital based physician charges must be less than total charges



### ***Hospital Based Physician Charges***

---

<b><i>Data Element:</i></b>	Hospital Based Physician Charges
<b><i>Length:</i></b>	6
<b><i>Position:</i></b>	82 - 87
<b><i>Data Type:</i></b>	Integer
<b><i>Definition:</i></b>	Total hospital based physician charges
<b><i>Instruction:</i></b>	Enter total hospital based physician dollars charged and right justify. Zero fill any empty positions. Truncate any cents. If the amount is over \$999,999, enter all 9's. Zero fill if not applicable. Do not leave this field blank.
<b><i>Edits:</i></b>	INVALID HOSPITAL BASED PHYSICIAN CHARGES Hospital based physician charges must be numeric and not less than zero.  HOSPITAL BASED PHYSICIAN CHARGES EXCEED TOTAL CHARGES Hospital based physician charges must be less than total charges.



## ***Birth Weight***

---

<b><i>Data Element:</i></b>	Birth Weight
<b><i>Length:</i></b>	4
<b><i>Position:</i></b>	88 - 91
<b><i>Data Type:</i></b>	Integer
<b><i>Definition:</i></b>	Birth weight in grams for patients less than 30 days in age
<b><i>Instruction:</i></b>	Enter the birth weight in grams. Right justify the weight and zero fill the left most positions. If this is a neonatal case, report the weight at birth, not the weight at the time of hospital service. If the birth weight is completely unknown, enter 9999. If the patient is more than 30 days in age, this field is not applicable - zero fill it.
<b><i>Edits:</i></b>	BIRTH WEIGHT IN GRAMS MUST BETWEEN 455 - 9505 If age = 0 and the patient is less than 31 days old, the weight must be between 455 and 9505 grams.



### ***Attending Physician***

---

***Data Element:*** Attending Physician

***Length:*** 9

***Position:*** 92 - 100

***Data Type:*** Alphanumeric

***Definition:*** The number of the licensed physician who would normally be expected to certify and re-certify the medical necessity of the services rendered and/or who has primary responsibility for the patient's medical care and treatment.

***Instruction:*** Enter the appropriate hospital defined code.  
Left justify the code.  
Do not leave blank.

***Edits:*** ATTENDING PHYSICIAN IS REQUIRED  
Attending physician must be non-blank.



### ***Principal Diagnosis Code***

---

***Data Element:*** Principal Diagnosis Code

***Length:*** 5

***Position:*** 101 - 105

***Data Type:*** Alphanumeric

***Definition:*** The ICD-9-CM code describing the condition established after study to be chiefly responsible for causing the need for administering hospital care.

***Instruction:*** E codes for externally caused injuries are not allowed as principal diagnoses and are intended for use in addition to the principal diagnosis.  
Manifestation and morphology codes are not allowed as a principal diagnosis.

Enter the appropriate ICD-9-CM code.  
Left justify the code and if any positions are unused, leave them blank.  
Do not code the decimal point. It is implied.  
Do not leave this field blank.

***Edits:*** INVALID PRINCIPAL DIAGNOSIS  
Must be valid principal diagnosis code in reference file.

INVALID SEX FOR DIAGNOSIS  
If reference file indicates male only diagnosis, sex must be 1.  
If reference file indicates female only diagnosis, sex must be 2.

PREGNANCY RELATED DIAGNOSIS NOT COMPATIBLE WITH AGE  
If diagnosis is pregnancy related (630 - 676.99), age must be between 10 and 54.



### ***Other Diagnosis (1-9)***

---

- Data Element:** Other Diagnoses (1 - 9)
- Length:** 5 each (9 occurrences)
- Position:** 106 - 150
- Data Type:** Alphanumeric
- Definition:** ICD-9-CM diagnosis code(s) corresponding to additional conditions that co-exist at the time that hospital treatment is administered. Diagnoses that relate to an earlier episode which have no bearing on this hospital event are to be excluded.
- Instruction:** Enter the appropriate ICD-9-CM code(s)  
Left justify the code(s) and if any positions are unused, leave them blank.  
Do not code the decimal point. It is implied.  
The first diagnosis reflecting the internal cause of injury (E-code) should be reported in the E-code field (positions 151 - 155), not in this series of diagnosis codes.  
Any additional e-codes should be reported here.  
If there are other diagnoses, do not leave this field(s) blank.  
Do not leave a blank field between two diagnosis codes.  
Do not zero fill. Leave unused fields blank.
- Edits:** INVALID SECONDARY DIAGNOSIS  
Diagnosis (1 - 9) must be valid code in reference file.
- INVALID SEX FOR DIAGNOSIS  
If reference file indicates male only diagnosis, sex must be 1.  
If reference file indicates female only diagnosis, sex must be 2.
- PREGNANCY RELATED DIAGNOSIS NOT COMPATIBLE WITH AGE  
If diagnosis is pregnancy related (630 - 676.99), age must be between 10 and 54.



## ***E Code***

---

<b><i>Data Element:</i></b>	E-Code
<b><i>Length:</i></b>	5
<b><i>Position:</i></b>	151 - 155
<b><i>Data Type:</i></b>	Alphanumeric
<b><i>Definition:</i></b>	The ICD-9-CM diagnosis code for the external cause of an injury, poisoning, or adverse effect.
<b><i>Instruction:</i></b>	<p>Enter the appropriate ICD-9-CM E-code. Left justify the code and, if any positions are unused, leave them blank. Do not code the decimal point. It is implied. The E-code that appears in this field should not be included among the other diagnoses reported for this record. Only the first E-code for a record should be reported here. If the record has additional E-codes, they should be reported in positions 106 - 150. If there is no E-code associated with this hospitalization, leave this field blank. Do not zero fill.</p> <p>The priorities for recording an E-code are the same as those for UB-04 forms:</p> <ol style="list-style-type: none"><li>1. Principal diagnosis of an injury or poisoning.</li><li>2. Other diagnosis of an injury, poisoning, or adverse effect directly related to the principal diagnosis</li><li>3. Other diagnosis with an external cause</li></ol>
<b><i>Edits:</i></b>	<p>INVALID E-CODE E-code must be a valid code in reference file.</p>



## ***Principal Procedure***

---

<b><i>Data Element:</i></b>	Principal Procedure
<b><i>Length:</i></b>	4
<b><i>Position:</i></b>	156 - 159
<b><i>Data Type:</i></b>	Alphanumeric
<b><i>Definition:</i></b>	The principal procedure is the one performed for definitive treatment, rather than the one performed for diagnostic or exploratory purposes or was necessary to take care of a complication. The principal procedure is most closely related to the principal diagnosis.
<b><i>Instruction:</i></b>	Enter the appropriate ICD-9-CM code for the principal procedure. Left justify the code and, if any positions are unused, leave them blank. Do not code the decimal point. It is implied. Do not leave this field blank if a principal procedure has been performed. Do not zero fill. Leave this field blank if no procedure was performed.
<b><i>Edits:</i></b>	<p>PROCEDURE REQUIRES PROCEDURE DATE If principal procedure is present, corresponding principal procedure date must be present, YYMMDD format, month between 1 and 12, day appropriate for month.</p> <p>INVALID PROCEDURE CODE Procedure code must be valid code in reference file.</p> <p>INVALID SEX FOR PROCEDURE If reference file indicates male only procedure, sex must be 1. If reference file indicates female only procedure, sex must be 2.</p> <p>PRINCIPAL PROCEDURE REQUIRES PRIMARY SURGEON CODE If principal procedure is present, primary surgeon must be present.</p>



### ***Other Procedures (1-9)***

---

<b><i>Data Element:</i></b>	Other Procedures (1 - 9)
<b><i>Length:</i></b>	4 each (9 occurrences)
<b><i>Position:</i></b>	160 - 195
<b><i>Data Type:</i></b>	Alphanumeric
<b><i>Definition:</i></b>	The ICD-9-CM codes identifying all significant procedures other than the principal procedure. Report all procedures including any therapeutic procedures. Include procedures which carry an operative or anesthetic risk and/or require highly trained personnel as well as special procedures which require technologically advanced facilities and/or equipment.
<b><i>Instruction:</i></b>	Enter the appropriate ICD-9-CM code for the procedures. Left justify the code and, if any positions are unused, leave them blank. Do not code the decimal point. It is implied. Do not leave this field blank if a procedure(s) has been performed. Do not leave a blank field between two procedure fields. Do not zero fill unused fields. Leave them blank.
<b><i>Edits:</i></b>	<p>PROCEDURE REQUIRES PROCEDURE DATE If principal procedure is present, corresponding principal procedure date must be present, YYMMDD format, month between 1 and 12, day appropriate for month.</p> <p>INVALID PROCEDURE CODE Procedure code must be valid code in reference file.</p> <p>INVALID SEX FOR PROCEDURE If reference file indicates male only procedure, sex must be 1. If reference file indicates female only procedure, sex must be 2.</p> <p>PROCEDURE REQUIRES SECONDARY SURGEON CODE If principal procedure is present, other surgeon field must be non-blank, non-zero.</p>



## ***Principal Surgeon***

---

***Data Element:*** Principal Surgeon

***Length:*** 9

***Position:*** 196 - 204

***Data Type:*** Alphanumeric

***Definition:*** Physician who performed the principal procedure.

***Instruction:*** Enter the appropriate hospital defined code.  
Left justify the code leaving unused right most positions blank.  
If a surgical procedure is performed, do not leave this field blank.  
Do not zero fill. Leave blank if not applicable.

***Edits:*** PRINCIPAL PROCEDURE REQUIRES PRINCIPAL SURGEON CODE  
If principal procedure is present, principal surgeon must be non-blank, non-zero.



### ***Other Surgeon (1 - 9)***

---

***Data Element:*** Other Surgeon (1 - 9)

***Length:*** 9 each (9 occurrences)

***Position:*** 205 - 285

***Data Type:*** Alphanumeric

***Definition:*** Physician(s) who performed the corresponding procedure.

***Instruction:*** Enter the appropriate hospital defined code.  
Left justify the code leaving unused right most positions blank.  
If a surgical procedure is performed, do not leave this field blank.  
Do not zero fill. Leave blank if not applicable.

***Edits:*** SECONDARY PROCEDURE REQUIRES SECONDARY SURGEON CODE  
If procedure #x is present, surgeon #x must be non-blank, non-zero.



### ***Principal Procedure Date***

---

<b><i>Data Element:</i></b>	Principal Procedure Date
<b><i>Length:</i></b>	6
<b><i>Position:</i></b>	286 - 291
<b><i>Data Type:</i></b>	Date
<b><i>Definition:</i></b>	Month, day and year when principal procedure was performed.
<b><i>Instruction:</i></b>	YYMMDD If the month, day or year of the procedure date is a single digit, use a preceding zero. There should be no imbedded blanks. If a surgical procedure was performed, do not leave this field blank. Do not zero fill. Leave blank if not applicable.
<b><i>Edits:</i></b>	PROCEDURE REQUIRES PROCEDURE DATE If procedure is present, corresponding procedure date must be present, YYMMDD format, month between 1 and 12, day appropriate for month.



***Other Procedure Dates (1 - 9)***

---

<b><i>Data Element:</i></b>	Other Procedure Dates (1 - 9)
<b><i>Length:</i></b>	6 each (9 occurrences)
<b><i>Position:</i></b>	292 - 345
<b><i>Data Type:</i></b>	Date
<b><i>Definition:</i></b>	Month, day and year when corresponding procedure was performed.
<b><i>Instruction:</i></b>	YYMMDD If the month, day or year of the procedure date is a single digit, use a preceding zero. There should be no imbedded blanks. If a surgical procedure was performed, do not leave this field blank. Do not zero fill. Leave blank if not applicable.
<b><i>Edits:</i></b>	PROCEDURE REQUIRES PROCEDURE DATE If procedure is present, corresponding procedure date must be present, YYMMDD format, month between 1 and 12, day appropriate for month.



***Priority (Type) of Admission or Visit***

---

***Data Element:*** Priority (Type) of Admission or Visit

***Length:*** 1

***Position:*** 346 - 346

***Data Type:*** A

***Definition:*** A code indicating the priority of this admission.

- 1 = Emergency      The patient requires medical intervention as a result of severe, life threatening or potentially disabling conditions.
- 2 = Urgent          The patient requires immediate attention for the care and treatment of a physical or mental disorder.
- 3 = Elective        The patient's condition permits adequate time to schedule the services.
- 4 = Newborn        Use of this code necessitates the use of special Point of Origin (Source of Admission) codes.
- 5 = Trauma Center   Visits to a trauma center/hospital as licensed or designated by the state or local government authority authorized to do so, or as verified by the American College of Surgeons and involving a trauma activation.
- 6-8                  Reserved for national assignment
- 9 =                    Information not available

***Instruction:*** Same as the UB-04 (Form Locator 14) Type of Admission field.

***Edits:*** INVALID CODE - MUST BE 1, 2, 3, 4, 5 or 9  
Type of Admission must be 1, 2, 3, 4, 5 or 9



***Point of Origin (Source) of Admission***

---

**Data Element:** Point of Origin (Source) of Admission

**Length:** 1

**Position:** 347 - 347

**Data Type:** A

**Definition:** A code indicating the source of this admission.

For Emergency, Elective or Other Type of Admission

- 1 = Non-Health Care Facility Point of Origin
- 2 = Clinic or Physician's Office
- 4 = Transfer from a hospital (Different Facility)
- 5 = Transfer from a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF)
- 6 = Transfer from another health care facility
- 8 = Court/Law Enforcement
- 9 = Information Not Available
- D = Transfer from One Distinct Unit of the Hospital to another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer.
- E = Transfer from Ambulatory Surgery Center
- F = Transfer from Hospice and is Under a Hospice Plan of Care or Enrolled in a Hospice Program

3, 7, A - C, G - Z Reserved for national assignment

For Newborn

- 1 - 4 Reserved for national assignment
- 5 = Born Inside this Hospital
- 6 = Born Outside this Hospital
- 7-9 Reserved for national assignment

**Instruction:** Same as the UB-04 (Form Locator 15) Point of Origin for Admission field.

**Edits:** INVALID CODE - MUST BE 1, 2, 4-6, 8, 9 or D-F  
Source of Admission must be 1, 2, 4-6, 8, 9 or D-F

If AGE = 0 INVALID CODE - MUST BE 5 or 6  
Source of Admission must be 5 or 6



***Source of Admission—Specific Facility***

**Data Element:** Source of Admission—Specific Facility

**Length:** 6

**Position:** 348 - 353

**Data Type:** Integer

**Definition:** Hospital's Medicare provider number as assigned by CMS for the facility that transferred the patient to your facility. When source of admission (position 347) has a value of 4 (transfer from a hospital), this data element must be filled in.

120006	Castle Medical Center
121307	Hale Ho'ola Hamakua
120010	Hawaii Medical Center-East
120027	Hawaii Medical Center-West
120005	Hilo Medical Center
124001	Kahi Mohala
121304	Kahuku Hospital
120011	Kaiser Permanente Medical Center
123300	Kapiolani Medical Center for Women and Children
121301	Ka'u Hospital
121300	Kauai Veterans Memorial Hospital
121302	Kohala Hospital
120019	Kona Community Hospital
120007	Kuakini Medical Center
121308	Kula Hospital
121305	Lanai Community Hospital
120002	Maui Memorial Medical Center
121303	Molokai General Hospital
120028	North Hawaii Community Hospital
120026	Kapiolani Medical Center at Pali Momi
120001	Queen's Medical Center
123025	Rehabilitation Hospital of the Pacific
121306	Samuel Mahelona Memorial Hospital
120022	Straub Clinic and Hospital
12001F	Tripler Army Medical Center
120004	Wahiawa General Hospital
120014	Wilcox Memorial Hospital
999997	Other Acute Facility in U.S. (includes US Military facilities on foreign soil)
999998	Other Acute Facility outside of U.S.
999999	Unable to Provide Specific Facility

**Instructions:** Right justify.  
Leave blank for patients not received in transfer from another facility.

**Edits:** HOSPITAL CODE MUST BE MEDICARE PROVIDER NUMBER  
Provider number must be valid code in reference file.  
FACILITY MUST BE SPECIFIED IF ADMIT SOURCE IS "4".



## ***Admission Hour***

---

***Data Element:*** Admission Hour

***Length:*** 2

***Position:*** 354 - 355

***Data Type:*** Alphanumeric

***Definition:*** The hour of patient admission

***Instruction:*** Use twenty four hour, military time format, e.g. 4:00 am is 04 and 1:00 pm is 13.  
Allowable values range from 01 to 24  
Use leading zeros as applicable.  
This is an optional field

***Edits:***



## ***Discharge Hour***

---

***Data Element:*** Discharge Hour

***Length:*** 2

***Position:*** 356 - 357

***Data Type:*** Alphanumeric

***Definition:*** The hour of patient discharge

***Instruction:*** Use twenty four hour, military time format, e.g. 4:00 am is 04 and 1:00 pm is 13.  
Allowable values range from 01 to 24  
Use leading zeros as applicable.  
This is an optional field

***Edits:***



### ***Social Security Number***

---

<b><i>Data Element:</i></b>	Social Security Number
<b><i>Length:</i></b>	9
<b><i>Position:</i></b>	358 - 366
<b><i>Data Type:</i></b>	Numeric
<b><i>Definition:</i></b>	The number assigned by the Social Security Administration.
<b><i>Instructions:</i></b>	Valid characters: 0 through 9, no hyphens or spaces. If SSN is unknown leave blank.
<b><i>Edits:</i></b>	None.



### ***Patient First Name***

---

<b><i>Data Element:</i></b>	Patient First Name
<b><i>Length:</i></b>	30
<b><i>Position:</i></b>	367 - 396
<b><i>Data Type:</i></b>	Alpha-Numeric
<b><i>Definition:</i></b>	The patient's first name.
<b><i>Instructions:</i></b>	Exclude middle names and middle initials Uppercase only Numbers are only accepted on newborn records and only when in the last position. For example: Baby Boy 2, Baby Girl 1, BB1, BG1
<b><i>Edits:</i></b>	PATIENT FIRST NAME MUST BE PRESENT Patient First Name must be non-blank.



***Patient Last Name***

---

<b><i>Data Element:</i></b>	Patient Last Name
<b><i>Length:</i></b>	30
<b><i>Position:</i></b>	397 - 426
<b><i>Data Type:</i></b>	Alpha-Numeric
<b><i>Definition:</i></b>	The patient's last name.
<b><i>Instructions:</i></b>	None
<b><i>Edits:</i></b>	PATIENT LAST NAME MUST BE PRESENT Patient Last Name must be non-blank.



### ***Mailing Address 1***

---

<b><i>Data Element:</i></b>	Mailing Address 1
<b><i>Length:</i></b>	30
<b><i>Position:</i></b>	427 - 456
<b><i>Data Type:</i></b>	Alpha-Numeric
<b><i>Definition:</i></b>	Patient's mailing address. First line.
<b><i>Instructions:</i></b>	Select the patient's mailing address and NOT the guarantor address.
<b><i>Edits:</i></b>	None



## ***Mailing Address 2***

---

<b><i>Data Element:</i></b>	Mailing Address 2
<b><i>Length:</i></b>	30
<b><i>Position:</i></b>	457 - 486
<b><i>Data Type:</i></b>	Alpha-Numeric
<b><i>Definition:</i></b>	Second line for apartment complex names or other long mailing addresses.
<b><i>Instructions:</i></b>	Leave blank if not needed. Mailing Address 2 will be printed as a separate line below Mailing Address 1.
<b><i>Edits:</i></b>	None



***Mailing Address - City***

---

<b><i>Data Element:</i></b>	Mailing Address - City
<b><i>Length:</i></b>	30
<b><i>Position:</i></b>	487 - 516
<b><i>Data Type:</i></b>	Alpha-Numeric
<b><i>Definition:</i></b>	City associated with patient's mailing address.
<b><i>Instructions:</i></b>	
<b><i>Edits:</i></b>	None



### ***Mailing Address - State***

---

<b><i>Data Element:</i></b>	Mailing Address - State
<b><i>Length:</i></b>	2
<b><i>Position:</i></b>	517 - 518
<b><i>Data Type:</i></b>	Alpha-Numeric
<b><i>Definition:</i></b>	State associated with patient's mailing address.
<b><i>Instructions:</i></b>	None
<b><i>Edits:</i></b>	None



### ***Mailing Address - Zip Code***

---

<b><i>Data Element:</i></b>	Mailing Address - Zip Code
<b><i>Length:</i></b>	5
<b><i>Position:</i></b>	519 - 523
<b><i>Data Type:</i></b>	Alpha-Numeric
<b><i>Definition:</i></b>	Zip Code associated with patient's mailing address.
<b><i>Instructions:</i></b>	Standard US Postal Zip Code. Use leading zero as appropriate.
<b><i>Edits:</i></b>	(27) ZIP CODE MUST BE NON-ZERO Zip code must be valid zip code, 88888 or 99999.
	(47) INVALID HAWAIIAN ZIP CODE Zip code between 96700 - 96850 must be valid Hawaiian zip code in reference file.



### ***Patient Phone Number***

---

***Data Element:*** Patient Phone Number

***Length:*** 10

***Position:*** 524 - 533

***Data Type:*** Numeric

***Definition:*** Patient telephone number.

***Instructions:*** Enter patient phone number including area code and phone number with no punctuation (e.g. 2125551212).  
Leave blank if unknown.

***Edits:*** None



### ***Opt-Out Mailing Flag***

---

<b><i>Data Element:</i></b>	Opt-Out Mailing Flag
<b><i>Length:</i></b>	1
<b><i>Position:</i></b>	534 - 534
<b><i>Data Type:</i></b>	Numeric
<b><i>Definition:</i></b>	<b>For surveying purposes such as patient satisfaction only.</b> A code used to designate patients who have requested not to receive any mailings such as satisfaction surveys, from their treating hospitals.
<b><i>Instructions:</i></b>	Valid character is a 1 (patient requests no mailings), otherwise it should be blank.
<b><i>Edits:</i></b>	None



***Patient Middle Initial***

---

<b><i>Data Element:</i></b>	Patient Middle Initial
<b><i>Length:</i></b>	1
<b><i>Position:</i></b>	535 - 535
<b><i>Data Type:</i></b>	Alpha-Numeric
<b><i>Definition:</i></b>	The patient's middle initial.
<b><i>Instructions:</i></b>	Include only the first middle initial.



### ***Patient Name Suffix***

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<b><i>Data Element:</i></b>	Patient Name Suffix
<b><i>Length:</i></b>	3
<b><i>Position:</i></b>	536 - 538
<b><i>Data Type:</i></b>	Alpha-Numeric
<b><i>Definition:</i></b>	The patient's name suffix, e.g. JR, SR, III, IV.
<b><i>Instructions:</i></b>	Uppercase only



## ***Record Type***

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***Data Element:*** Record Type

***Length:*** 1

***Position:*** 539 - 539

***Data Type:*** Alphanumeric

***Definition:***  
2 = Ambulatory surgery patient  
3 = Emergency room  
5 = Observation Service

***Instruction:*** All outpatient records must contain either a “2”, a “3” or a “5” in the last position of the record.  
This will force all records to be the same length whether procedures were performed or not.

***Edits:*** None.