

## **Title 20. Public Health and Welfare**

### **Chapter I. Generally, Department of Health**

#### **Subchapter B. Health Facilities**

#### **Part 54. Inpatient Database Hospital Discharge Data Submittal Guide 2014**

**Codification Notes.** This part as promulgated prior to codification into the Code of Arkansas Rules provided as follows:

"CERTIFICATION

This will certify that the foregoing Rules for the Hospital Discharge Data System were adopted by the Arkansas Board of Health at a regular session of the Board held in Little Rock Arkansas, on this 25th day of July, 2013, Secretary, Arkansas Board of Health."

#### **Subpart 1. Generally**

##### **20 CAR § 54-101. Introduction.**

(a)(1) A statewide Hospital Discharge Data System (HDDS) is one of the most important tools for addressing a broad range of health policy issues.

(2) Acts 1995, No. 670, State Health Data Clearinghouse Act, Arkansas Code § 20-7-301 et seq., requires all hospitals licensed by the State of Arkansas to report information on inpatient discharges.

(b) In order to simplify the reporting process, the Arkansas HDDS is based on the United States Centers for Medicare and Medicaid Services UB-04 form.

(c)(1) In accordance, the Department of Health is required to collect, analyze, and disseminate selected healthcare data.

(2) This guide defines the data that hospitals will submit for the specific purpose of constructing the Hospital Discharge Data System.

(d)(1) The Health Statistics Branch can provide technical consultation and assistance.

(2) Initially, such consultation or assistance must necessarily be limited to activities that specifically enable the hospital to submit data that will meet the requirements.

(e) For further information, contact Betty Hicks, Manager of HDDS.

Department of Health  
Health Statistics Branch  
4815 West Markham  
Little Rock, AR 72205  
Phone: (800) 482-5400 ext. 2368  
Fax: (501) 661-2544  
Betty Hicks  
Betty.Hicks@arkansas.gov  
Phone: (501) 661-2867

**Authority.** Arkansas Code § 20-7-305.

**20 CAR § 54-102. Data reporting source.**

(a)(1) All facilities operating and licensed as hospitals in the State of Arkansas by the Department of Health, Division of Health Facility Services, will report discharge data to the department for each patient admitted as an inpatient or with at least one (1) full day of stay (overnight).

(2)(A) Discharge data means the consolidation of complete billing, medical, and personal information describing a patient, the services received, and charges billed for a single inpatient hospital stay.

(B) The consolidation of discharge data is a discharge data record.

(C) The formats are defined later in this guide.

(b)(1) For a patient with multiple discharges, submit one (1) discharge data record for each discharge.

(2) For a patient with multiple billing claims (refer to 20 CAR § 54-106(g), Multi-hospital submission), consolidate the multiple billings into one (1) discharge data record for submission after the patient's discharge.

(3) A discharge data record is submitted for each discharge, not for each bill generated.

(4) The discharge data record should be submitted for the reporting period within which the discharge occurs.

(5) If a claim will not be submitted to a provider or carrier for collection (e.g., charitable service), a hospital discharge data record should still be submitted to the department, with the normal and customary charges, as if the claim was being submitted.

(6) All acute and intensive care discharges or deaths, including newborn discharges or deaths, should be reported.

(c)(1) A hospital may submit discharge data directly to the department, or may designate an intermediary, such as a commercial data clearinghouse.

(2) Use of an intermediary does not relieve the hospital from its reporting responsibility.

(d)(1) In order to facilitate communication and problem solving, each hospital should designate a person as contact.

(2) Please provide the office name, telephone number, job title, and name of the person assigned this responsibility.

**Authority.** Arkansas Code § 20-7-305.

**20 CAR § 54-103. Confidentiality of data.**

(a)(1) Acts 1995, No. 670, State Health Data Clearinghouse Act, Arkansas Code § 20-7-301 et seq., provides for the strictest confidentiality of data and severe penalties for the violation of the State Health Data Clearinghouse Act.

(2) Any information collected from hospitals which identifies a patient, provider, institution, or health plan cannot be released without promulgation of rules by the State Board of Health in accordance with Acts 1995, No. 670, § 2(g) and (h).

(3) The Department of Health will only release data, except as allowed by law that has sufficiently masked these identities.

(b)(1) Since the department needs patient-specific information to complete our analyses, we will take every prudent action to ensure the confidentiality and security of the data submitted to us.

(2) Procedures include, but are not limited to:

- (A) Physical security and monitoring;
- (B) Access to the files by authorized personnel only;
- (C) Passwords; and

(D) Encryption.

(3) Not all measures taken are documented or mentioned in this guide to further protect our data.

**Authority.** Arkansas Code § 20-7-305.

**20 CAR § 54-104. Submittal schedule.**

(a)(1) Discharge data records will be submitted to the Department of Health as specified below.

(2) The data to be submitted is based on the discharges occurring in a calendar quarter.

(3) If a patient has a bill generated during a quarter but has not yet been discharged by the end of the quarter, data for that stay should not be included in the quarter's data.

(4) Deadlines for data submission are forty (40) days after the end of the quarter for the first through third quarters and sixty (60) days for the fourth quarter.

(b)(1)(A) While most hospitals will be submitting data directly to the department, some are utilizing third-party intermediaries.

(B) When using an intermediary, the reporting deadlines are still to be met.

(C) Refer to 20 CAR § 54-107(h), Intermediaries, for further details.

**(2) Reporting schedule.**

Patients' date of discharge is:      Discharge data must be received by:

January 1 through March 31      QTR 1 – May 10th

April 1 through June 30      QTR 2 – August 10th

July 1 through September 30      QTR 3 – November 10th

October 1 through December 31      QTR 4 – March 1st

**(3) Request for extension.**

(A) All hospitals will submit discharge data in a form consistent with the requirements unless an extension has been granted.

(B) Request for extension should be in writing or email and be directed to:

Department of Health  
Health Statistics Branch, Slot #H19  
Hospital Discharge Data Section  
4815 West Markham Street  
Little Rock, AR 72205  
Phone: (501) 661-2867  
Fax: (501) 661-2544  
Email: [Betty.Hicks@arkansas.gov](mailto:Betty.Hicks@arkansas.gov)

(C)(i) The Health Statistics Branch will review requests submitted to it for extensions to the reporting schedule requirement.

(ii) A request for an extension should be submitted at least ten (10) working days prior to the reporting deadline.

(iii)(a) Extensions may be granted for a maximum of twenty (20) calendar days.

(b) Additional twenty-day extensions must be requested separately.

(iv) Extensions may be granted when the hospital documents that unforeseen difficulties, such as technical problems, prevent compliance.

**Authority.** Arkansas Code § 20-7-305.

**20 CAR § 54-105. Data errors and certification.**

(a)(1) Hospitals will review the discharge data records prior to submission for accuracy and completeness.

(2) Correction of invalid records and validation of aggregate tabulation are the responsibility of the hospital.

(3) All hospitals will certify the data submitted for each quarter in the manner specified.

**(b) Error correction.**

(1)(A) Edits that indicate a high probability of error will be highlighted for review, comment, and correction when applicable.

(B) The invalid record will be printed in a simplified format providing:

- (i) Record identification;
- (ii) An indication or explanation of the error; and
- (iii) Space to record corrections.

(C) The error report will be sent by fax or email to the attention of the individual designated to receive the correspondence at the hospital.

(D) The corrections made by the hospital are to be returned within seven (7) days of receipt to the Health Statistics Branch.

(2)(A) In the event one percent (1%) or more of the records for a quarter are indicated as having a high probability of error, the entire submittal may be rejected.

(B) A record is in error when one (1) or more required data elements are in error.

(3)(A) Notification of the rejection will:

- (i) Accompany the error report; and
- (ii) Be sent by fax or email to the attention of the individual designated to

receive the correspondence at the hospital.

(B) After correction, the submittal is to be returned within seven (7) days of receipt to the Arkansas Center for Health Statistics.

(C) In some situations, the Hospital Discharge Data System staff will make corrections to the hospital's submissions, based on information obtained from hospital staff and/or internal health department databases.

(D) When this is done, notice will be given to the hospital.

**Authority.** Arkansas Code § 20-7-305.

**20 CAR § 54-106. Data submittal specifications.**

(a)(1) The preferred method of submitting data is via secure FTP.

(2) Alternate modes of transmission such as email or CD may be established by agreement with the Health Statistics Branch. (3) Data submittals not in compliance with media or format specifications will be rejected unless approval is obtained prior to the scheduled due date from the Health Statistics Branch.

(4) Data submittal on physical media should be mailed to:

Arkansas Department of Health  
Health Statistics Branch  
Hospital Discharge Data System  
4815 West Markham Street, Slot H19  
Little Rock, AR 72205'

(5) If you are submitting data for more than one (1) hospital on one (1) submission, the additional specifications found in subsection (h) of this section, Multi-hospital submission, must be followed.

**(b) File compression.**

(1) WinZip is the compression utility of choice by the Hospital Discharge Data System (HDDS).

(2) If a compression utility other than WinZip is used, the resulting file must be able to be unzipped by HDDS.

(3) Please contact an HDDS colleague prior to sending a file compressed with any compression software other than WinZip.

**(c) File encryption.**

(1) Encryption of data files sent as email attachments is required.

(2) Refer to subsection (e) of this section, email attachment submissions — secondary submittal format.

**(d) File transfer protocol (FTP) – Primary submittal format, preferred.**

(1)(A) The following specifications must be met when submitting data using the FTP:

(i) The secured web site is at: <http://adhftp.arkansas.gov>; and

(ii) Upload by accessing the secured website and inputting the user name and password.

(B) Please contact an HDDS colleague for the user name and password.

(2) Click "Browse" to search for the hospital data file.

(3)(A) Select the data file for quarter you wish to submit.

(B) Please note the data file name must be created in the following format, HHHHQNYVN.dat, where:

(i) HHHH = four (4) letters for the hospital;

(ii) QN = quarter number;

(iii) YY = two (2) numbers for the year; and

(iv) VN = shipment number.

(C) HDDSQ114V1.dat will tell us Hospital Discharge Data Systems uploaded quarter 1 of 2014 one (1) time.

(D) If you do not know the four-letter code for the hospital (HHHH), please contact an HDDS colleague for that information.

(4) Click "Upload."

(e) **Email attachment submissions — Secondary submittal format.** The following specifications must be met when submitting data by email attachment via the internet:

(1) Hospitals must encrypt the attachment containing the data, preferably utilizing the WinZip encryption function;

(2) The physical characteristics of the attached file must have the following attributes:

(A) Record length — Three hundred twenty-one (321) bytes, fixed (1450 format), three hundred sixty-one (361) bytes, fixed (1450Y2K format); and

(B) PC text file (ASCII), WinZip file, or self-extracting executable file, refer to subsection (b) of this section, file compression;

(3) Each email submission must include a general message that contains the following information:

(A) The description "HOSPITAL DISCHARGE DATA" in the subject field;

(B) Hospital's name;

(C) Date of submittal as MM/DD/YY;

(D) Beginning and ending dates of the reporting period (e.g., 1/1/14 – 3/30/14);

and

(E) The name and telephone number of the contact person; and

(4) Refer to subdivision (f)(3) of this section for filename.extension naming standard for the attached file.

(f) **CD-ROM submittal specifications — Server down submittal.** The following specifications must be met when submitting data on PC CDs:

(1) Hospitals will submit no more than one (1) CD per quarter;

(2)(A) The physical characteristics of the CD-ROM must have the following attributes:

(i) Record Length: Three hundred twenty-one (321) bytes, fixed (1450 format), three hundred sixty-one (361) bytes, fixed (1450Y2K format); and

(ii) ASCII, WinZip file, or self-extracting executable file.

(B) Self-extracting executable file must run on Windows XP or higher operating system.

(C) Source and target of WinZip or executable file must be ASCII.

(D) ASCII file must have a carriage return (CR) and line feed (LF) at the end of each data record;

(3)(A) All CDs must have an external label or accompanying data sheet containing the following information:

(i) The description: 'HOSPITAL DISCHARGE DATA';

(ii) Hospital's name;

(iii) Date of submittal as MM/DD/YY;

(iv) Beginning and ending dates of the reporting period (e.g., 1/1/14 – 3/30/14);

(v) Number of records;

(vi) Record format (1450);

(vii) The name and telephone number of the contact person;

(viii) PC extension, ASCII, ZIP, or EXE (refer to subdivision (f)(4)(D) of this section); and

(ix) If encrypted, the description: ENCRYPTED (refer to subsection (c) of this section, file encryption).

(B) An example of the label for the case is as follows:

```
HOSPITAL DISCHARGE DATA
Hospital Name:
Date: mm/dd/yy Quarter: mm/dd/yy
Total Record Count: ##### Format: ###
Contact Person _____ Phone:
_____
Extension: _____
ENCRYPTED
```

; and

(4) Use the following filename.extension file naming standard:

(A) The first two (2) positions of the filename will be the last two (2) digits of the calendar year;

(B) The next three (3) characters will be QTR;

(C) The last position must be the quarter from one (1) through four (4) that indicates the quarter of the calendar year of the data submitted; and

(D) The extension will be:

(i) TXT or DAT for a PC Text file;

(ii) ZIP for a file compressed with WinZip; or

(iii) EXE for a self-extracting file.

**Example:**

14QTR1.TXT - ASCII data file for the first quarter of 2014

**(g) Multi-hospital submission.**

(1) Data from more than one (1) hospital may be submitted on one (1) media submission as one (1) file per hospital.

(2) Change the following items on your external label or accompanying information sheet:

(A) If you are not a hospital, replace "Hospital:" with your company name;

(B) If you are a hospital or subsidiary of a hospital, replace "Hospital:" with "Agent:" and your hospital name;

(C) If multiple files are on the submission, replace "Total Record Count:" with "Number of Files:";

(D) The contact person and phone number should be that of the agent or company, not the hospital; and

(E)(i) If multiple files are placed on a CD, the filename.extension file-naming standard must change.

(ii) The last two (2) positions of the filename (follows QTR and quarter number) must be the file number provided.

(iii) In addition to the above changes, a list of hospitals on the medium must be provided, with:

- (a) Tax ID;
- (b) Number of records; and
- (c) Hospital contact.

(h) **Intermediaries.**

(1)(A) Third-party intermediaries may be utilized by hospitals for the delivery of data to the Department of Health.

(B) To better manage data collection, intermediaries must be registered with the department.

(C) Additions and deletions to the intermediary's list of hospitals represented must be submitted at least ten (10) days prior to the department's reporting due date.

(D) The intermediary must specify:

- (i) Hospitals being represented;
- (ii) Media;
- (iii) Formats;
- (iv) Contacts; and
- (v) Length of contractual obligation.

(2) **Editing intermediaries.** The following additional requirements and information apply to intermediaries delivering edited data to the department:

- (A) The data must not have an error rate greater than one percent (1%);
- (B) Each hospital's data must be submitted in a separate file; and
- (C) Data may be submitted through the secure FTP server.

(3) **Pass-through intermediaries.** The following additional requirements and information apply to intermediaries delivering unedited data to the department:

- (A) The data must not have an error rate greater than one percent (1%); and
- (B) Each hospital's data must be submitted in a separate file.

(4) **Subject to change.**

- (A) Data submission methods are always under review.
- (B) If implemented, all Arkansas hospitals will receive notice of the changes to be implemented.

**Authority.** Arkansas Code § 20-7-305.

**Codification Notes.** "ASCII" means American Standard Code for Information Interchange.

"CD" means compact disc.

"CD-ROM" means compact disc, read-only memory.

"FTP" means file transfer protocol.

"HDDS" means hospital data discharge system.

"ID" means identification.

"PC" means personal computer.

**20 CAR § 54-107. Data record formats.**

(a) The accepted data record formats are the UB-04 1450 version 7 formats.

(1) This format has altered slightly.

(2) The definition specified for each data element is in general agreement with the definition in the UB-04 Users' Manual.

(3) Hospitals using data sources other than uniform billing should evaluate definitions for agreement with the definitions specified in this guide and UB-04 Users' Manual.

(4) Refer to 20 CAR § 54-108, exceptions to 1450 format, to identify possible changes to your current format.

(5) Each record must be followed by a carriage-return/line-feed sequence.

**(b) UB-04 1450 record specification.**

(1) The UB-04 1450 claim record is made up of a series of 321-character physical records and the 1450 Y2K claim record is made up of a series of 341-character physical records.

(2) Not all of the physical claim records are used in the HDDS, such as the Claim Request Data.

(3) Records not specified in the HDDS will be ignored if included in the submittal.

(4)(A) Fields not referenced in the record formats may contain information but will not be processed by computer programs.

(B) This also includes fields reserved for national use.

(5) The exact record sequence and format of the 1450 is used for the HDDS, when possible.

(6) A complete copy of the patient's 1450 records would satisfy the requirements, with exceptions noted in 20 CAR § 54-108, exceptions to 1450 format.

(7) The physical records for each claim are divided into logical subsets as follows:

Subset 1 **Patient Data** - Record Codes 20-29

Subset 2 **Third Party Data** - Record Codes 30-39

Subset 3 **Claim Request Data** - Record Codes 40-49

Subset 4 **Inpatient Accommodations Data** - Record Codes  
50-59

Subset 5 **Ancillary Services Data** - Record Codes 60-69

Subset 6 **Medical Data** - Record Codes 70-79

Subset 7 **Physician Data** - Record Codes 80-89

(8) The record layouts that follow will provide the following information:

(A) Record Name — The name of the data record;

(B) Record Type — Code indicating the type of record;

(C) Record Size — Physical length of record;

(D) Required Field Annotation — An asterisk, \*, denotes the field is required and must contain data if applicable;

(E)(i) Field Number — Field number as specified on the UB-04 1450 version 7 file layout.

(ii) This number is not the Form Locator number found on the UB-04 1450 form;

(F) Field Name — Name generally used with the UB-04 1450 form;

(G)(i) Picture — This is the COBOL picture.

(ii) Pic X is initialized to blanks and Pic 9 is initialized to zeroes.

(iii) All money and date fields are Pic 9;

(H)(i) Field Specification — Indicates how the data field is justified.

(ii) L = Left justification and R = Right justification;

(I)(i) Position.

(ii) From = Leftmost position in the record (high order).

(iii) Thru = Rightmost position in the record (low order); and

(J) Form Locator — Number found on the UB-04 form and associated with the field in that location.

**(c) 1450 and 1450Y2K — Record type 10 — Provider data.**

(1) Only one (1) type 10 record is required per hospital per submittal.

(2) Only the first type 10 record and will be processed.

(3) This record type will be processed as a header record and a record type 95 will be processed as a trailer record.

(4) The records encapsulated between the first type 10 and 95 will be processed using the hospital specified on the type 10 record.

(5) If the Federal Tax Number is not unique to a facility or cost center, the Federal Tax Sub ID must be included.

<b>FIELD NO.</b>	<b>NAME</b>	<b>PICTURE</b>	<b>SPEC</b>	<b>POSITION FROM</b>	<b>THRU</b>	<b>FORM LOCATOR</b>
* 1	Record Type '10'	XX	L	1	2	
* 2	Federal Tax Number or EIN	9(10)	R	8	17	FL05
* 3	Federal Tax Sub ID	X(4)	L	18	21	FL05
* 4	National Provider Identifier (Billing Provider)	X(13)	L	22	34	FL56
* 5	Medicaid Provider Number	X(13)	L	35	47	
* 6	Provider Telephone Number	9(10)	R	87	96	FL01
* 7	Provider Name	X(25)	L	97	121	FL01
* 8	Provider (Hospital) Data ID	X(4)	L	122	125	
<b>PROVIDER ADDRESS (FIELDS 9 – 132)</b>				<b>126</b>	<b>175</b>	<b>FL01</b>
* 9	Address	X(25)	L	126	150	
* 10	City	X(25)	L	151	164	
* 11	State	XX	L	165	166	

* 12	ZIPCode	X(9)	L	167	175
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(d) **1450 — Record Type 20 — Patient data.**

<b>FIELD NO.</b>	<b>NAME</b>	<b>PICTURE</b>	<b>SPEC</b>	<b>POSITION FROM THRU</b>		<b>FORM LOCATOR</b>
* 1	Record Type '20'	XX	L	1	2	
* 2	Patient Control Number	X(20)	L	5	24	FL3A
<b><i>PATIENT NAME (FIELDS 3 – 5)</i></b>						<b><i>FL08</i></b>
* 3	Last Name	X(25)	L	25	49	
* 4	First Name	X(25)	L	50	74	
5	Middle Initial	X		75	75	
<b><i>OTHER PATIENT INFORMATION (FIELDS 6 – 10)</i></b>						
* 6	Patient Sex	X		76	76	FL11
* 7	Patient Birthdate (mmddccyy)	9(8)	R	77	84	FL10
8	Patient Marital Status	X		85	85	
* 9	Priority Of Admission	X		86	86	FL14
* 10	Point of Origin for Admission or Visit	X		87	87	FL15
<b><i>PATIENT ADDRESS (FIELDS 11 – 15)</i></b>						<b><i>FL09</i></b>
* 11	Address Line 1	X(30)	L	88	117	
12	Address Line 2	X(20)	L	118	137	
* 13	City	X(25)	L	138	162	
* 14	State	XX	L	163	164	
* 15	ZIPCode	X(9)	L	165	173	
<b><i>PATIENT ADMISSION INFORMATION (FIELDS 16 – 17)</i></b>						
* 16	Admission Date	9(6)	R	174	179	FL12
* 17	Admission Hour	XX	R	180	181	FL13
<b><i>STATEMENT COVERS PERIOD (FIELDS 18 – 19)</i></b>						<b><i>FL06</i></b>
* 18	From (mmddy)	9(6)	R	182	187	

* 19	Thru (mmddy)	9(6)	R	188	193	
<b>OTHER PATIENT HOSPITAL INFORMATION (FIELDS 20 -22)</b>						
* 20	Patient Discharge Status	99	R	194	195	FL17
* 21	Discharge Hour	XX	R	196	197	FL16
* 22	Medical Record Number	X(17)	L	198	214	FL3B

(e) 1450Y2K — Record Type 20 — Patient data.

<b>FIELD NO.</b>	<b>NAME</b>	<b>PICTURE</b>	<b>SPEC</b>	<b>POSITION FROM</b>	<b>THRU</b>	<b>FORM LOCATOR</b>
* 1	Record Type '20'	XX	L	1	2	
* 2	Patient Control Number	X(20)	L	5	24	FL3A
<b>PATIENT NAME (FIELDS 3 – 5)</b>						<b>FL08</b>
* 3	Last Name	X(25)	L	25	49	
* 4	First Name	X(25)	L	50	74	
	5 Middle Initial	X		75	75	
* 6	Patient Sex	X		76	76	FL11
* 7	Patient Birth Date (ccyymmdd)	9(8)	R	77	84	FL10
	8 Patient Marital Status	X		85	85	
* 9	Priority Of Admission	X		86	86	FL14
* 10	Point of Origin for Admission or Visit	X		87	87	FL15
<b>PATIENT ADDRESS (FIELDS 11 – 15)</b>						<b>FL09</b>
* 11	Address Line 1	X(30)	L	88	117	
	12 Address Line 2	X(20)	L	118	137	
* 13	City	X(25)	L	138	162	
* 14	State	XX	L	163	164	
* 15	ZIPCode	X(9)	L	165	173	
<b>PATIENT ADMISSION INFORMATION (FIELDS 16 – 17)</b>						
* 16	Admission Date (ccyymmdd)	9(8)	R	174	181	FL12
* 17	Admission Hour	XX	R	182	183	FL13
<b>STATEMENT COVERS PERIOD (FIELDS 18 – 19)</b>						<b>FL06</b>

* 18	From (ccyymmdd)	9(8)	R	184	191	
* 19	Thru (ccyymmdd)	9(8)	R	192	199	
<b>OTHER PATIENT HOSPITAL INFORMATION (FIELDS 20 -22)</b>						
* 20	Patient Status	99	R	200	201	FL17
* 21	Discharge Hour	XX	R	202	203	FL16
* 22	Medical Record Number	X(17)	L	204	220	FL3B

(f) **1450 and 1450Y2K — Record Type 27 — Department of Health specific data.**

<b>FIELD NO.</b>	<b>NAME</b>	<b>PICTURE</b>	<b>SPEC</b>	<b>POSITION FROM THRU</b>		<b>FORM LOCATOR</b>
* 1	Record Type '27'	XX	L	1	2	
* 2	Sequence '01'	99		3	4	
* 3	Patient Control Number	X(20)	L	5	24	FL03
* 4	Type of Bill	X(3)	L	25	27	FL04
* 5	Patient Social Security Number	9(10)	R	28	37	
* 6	Patient Race	X		38	38	
* 7	Patient Ethnicity	X	.	39	39	
* 8	Birth Weight	9999	R	40	43	
* 9	Total Charges	9(8)V99S	R	44	53	
10	Filler (empty fields)			54	59	
* 11	APGAR Score	9999	R	60	63	
12	Diagnosis-Related Group (DRG)	9999	R	64	67	
13	Major Diagnostic Categories (MDC)	99	R	68	69	
14	Public Health Condition Code 1	X(2)	R	70	71	
15	Public Health Condition Code 2	X(2)	R	72	73	
16	Public Health Condition	X(2)	R	74	75	

	Code 3				
17	Public Health Condition	X(2)	R	76	77
	Code 4				

**(g) 1450 and 1450Y2K — Record Types 30-31 — Third-party payer data.**

(1)(A) The use of these record types for the HDDS is the same as the UB-04 claim.

(B) When reporting for HDDS, records may need to be consolidated and amounts accumulated by payer.

(C) Below are specifications and an example as taken from UB-04.

(2)(A) One (1) third-party payer record packet (record type 30) must appear in the bill record for each payer involved in the bill.

(B) Each third-party payer packet must contain a record type 30.

(C) However, each record type 30 may or may not have an associated record type 31, depending on the specific third-party payer data required by the particular payer.

**Example:** Medicare is primary, and the secondary payer requires the insured's address.

	<u>Record Type</u>	<u>Code</u>	<u>Seq.No.</u>
Medicare	30		01
Secondary Payer	30		02
Secondary Payer	31		02

(3) Because the sequence number of the type 31 record for the secondary payer matches the sequence number of the secondary payer's type 30 record, it serves as a matching criterion for the specific third-party payer record packet.

(4) Sequence 01 represents the primary payer, sequence 02 represents the secondary payer, and sequence 03 represents the tertiary payer.

**(5) 1450 and 1450Y2K — Record Type 30 — Third-party payer.**

<i>FIELD NO.</i>	<i>NAME</i>	<i>PICTURE</i>	<i>SPEC</i>	<i>POSITION FROM THRU</i>	<i>FORM LOCATOR</i>

* 1	Record Type '30'	XX	L	1	2	
* 2	Sequence Number	99	R	3	4	
* 3	Patient Control Number	X(20)	L	5	24	FL03
* 4	Source of Payment Code	X	L	25	25	FL50
5	Filler (empty fields)			26	29	
* 6	Health Plan ID	9(10)	L	30	39	FL51
* 7	Insured's Unique ID	X(19)	L	40	58	FL60
8	Filler (empty fields)			59	79	
9	Insurance Group Number	X(17)	L	80	96	FL62
10	Filler (empty fields)			97	110	
<b>INSURED'S NAME &amp; INFORMATION (FIELDS 8-12)</b>						<b>FL58</b>
11	Last Name	X(20)	L	111	130	
12	First Name	X(9)	L	131	139	
13	Middle Initial	X		140	140	
14	Filler (empty field)			141	143	
15	Patient Relationship to Insured	99	R	144	145	FL59
16	Employment Status Code	9		146	146	

(6) **1450 and 1450Y2K — Record Type 31 — Third-party payer.**

<b>FIELD NO.</b>	<b>NAME</b>	<b>PICTURE</b>	<b>SPEC</b>	<b>POSITION FROM THRU</b>		<b>FORM LOCATOR</b>
* 1	Record Type '31'	XX	L	1	2	
* 2	Sequence Number	99	R	3	4	
* 3	Patient Control Number	X(20)	L	5	24	FL03
<b>INSURED'S ADDRESS (FIELDS 4-8)</b>						
4	Address Line 1	X(18)	L	25	42	
5	Address Line 2	X(18)	L	43	60	
6	City	X(15)	L	61	75	
7	State	XX	L	76	77	

8	ZIPCode	X(9)	L	78	86
9	Employer Name	X(24)	L	87	110 FL65
<b>EMPLOYER LOCATION (FIELDS 10-13)</b>					
10	Employer Address	X(18)	L	111	128
11	Employer City	X(15)	L	129	143
12	Employer State	XX	L	144	145
13	Employer ZIPCode	X(9)	R	146	154

(h) **1450 and 1450Y2K — Record Type 50 — Inpatient accommodations data.**

(1) The sequence number for record type 50 can go from 01 to 99, each such physical record containing four (4) accommodations, thus making provision for reporting up to three hundred ninety-six (396) accommodations on a single claim.

(2) Accommodation revenue codes: 100 through 21X.

<b>FIELD NO.</b>	<b>NAME</b>	<b>PICTURE</b>	<b>POSITION FROM THRU</b>	<b>FORM LOCATOR</b>
* 1	Record Type '50'	XX	L 1 2	
* 2	Sequence Number	99	R 3 4	
* 3	Patient Control Number	X(20)	L 5 24	FL03
<b>ACCOMMODATIONS (OCCURS 4 TIMES)</b>				
<b>ACCOMMODATIONS 1</b>		<b>X(42)</b>	<b>25 66</b>	
* 4	Revenue Code	9(4)	R 25 28	FL42
* 5	Accommodations Rate	9(7)V99	R 29 37	FL44
* 6	Service Units (Accommodations Days)	9(4)	R 38 41	FL46
* 7	Total Charges by Revenue Code	9(8)V99 S	R 42 51	FL47
8	FILLER (empty fields)		52 66	
<b>ACCOMMODATIONS 2</b>		<b>X(42)</b>	<b>67 108</b>	
* 9	Revenue Code	9(4)	R67 70	FL42

* 10	Accommodations Rate	9(7)V99	R71	79	FL44
* 11	Service Units (Accommodations Days)	9(4)	R80	83	FL46
* 12	Total Charges by Revenue Code	9(8)V99S	R84	93	FL47
13	FILLER (empty fields)		94	108	
<b>ACCOMMODATIONS 3</b>		<b>X(42)</b>	<b>109</b>	<b>150</b>	
* 14	Revenue Code	9(4)	R109	112	FL42
* 15	Accommodations Rate	9(7)V99	R113	121	FL44
* 16	Service Units (Accommodations Days)	9(4)	R122	125	FL46
* 17	Total Charges by Revenue Code	9(8)V99S	R126	135	FL47
18	FILLER (empty fields)		R136	150	
<b>ACCOMMODATIONS 4</b>		<b>X(42)</b>	<b>151</b>	<b>192</b>	
* 19	Revenue Code	9(4)	R151	154	FL42
* 20	Accommodations Rate	9(7)V99	R155	163	FL44
* 21	Service Units (Accommodations Days)	9(4)	R164	167	FL46
* 22	Total Charges by Revenue Code	9(8)V99S	R168	177	FL47

(i) **1450 and 1450Y2K — Record Type 60 — Inpatient ancillary services data.**

(1)(A)(i) The sequence number for record type 60 can go from 01 to 99.

(ii) Each such physical record contains up to three (3) inpatient ancillary service codes, thus making provision for reporting up to two hundred ninety-seven (297) inpatient ancillary services on a single claim.

(B) Payer and related information revenue codes — Codes 001 – 099.

(C) Inpatient ancillary services revenue codes — Codes 220 – 99x.

FIELD NO.	NAME	PICTURE	SPEC	POSITION		FORM LOCATOR
				FROM	THRU	
* 1	Record Type '60'	XX	L	1	2	
* 2	Sequence Number	99	R	3	4	
* 3	Patient Control Number	X(20)	L	5	24	FL03

<b>INPATIENT ANCILLARY SERVICES DATA (OCCURS 3 TIMES)</b>						
<b>INPATIENT ANCILLARIES 1 X(56)</b>				<b>25</b>	<b>80</b>	
* 4	Revenue Code	9(4)	R	25	28	FL42
5	HCPCS / Procedure Code	X(5)	L	29	33	
6	Modifier 1 (HCPCS & CPT 4)	X(2)	L	34	35	
7	Modifier 2 (HCPCS & CPT 4)	X(2)	L	36	37	
* 8	Units of Service	9(7)	R	38	44	FL46
* 9	Total charges by Revenue Code	9(8)V99S	R	45	54	FL47
10	FILLER (empty fields)			55	80	
<b>INPATIENT ANCILLARIES 2 X(56)</b>				<b>81</b>	<b>136</b>	
* 11	Revenue Code	9(4)	R	81	84	FL42
12	HCPCS / Procedure Code	X(5)	L	85	89	
13	Modifier 1 (HCPCS & CPT 4)	X(2)	L	90	91	
14	Modifier 2 (HCPCS & CPT 4)	X(2)	L	92	93	
* 15	Units of Service	9(7)	R	94	100	FL46
* 16	Total Charges by Revenue Code	9(8)V99S	R	101	110	FL47
17	FILLER (empty fields)			111	136	
<b>INPATIENT ANCILLARIES 3 X(56)</b>				<b>137</b>	<b>166</b>	
* 18	Revenue Code	9(4)	R	137	140	FL42
19	HCPCS / Procedure Code	X(5)	L	141	145	
20	Modifier 1 (HCPCS & CPT 4)	X(2)	L	146	147	
21	Modifier 2 (HCPCS & CPT 4)	X(2)	L	148	149	

CPT 4)							
*	22	Units of Service	9(7)	R	150	156	FL46
*	23	Total Charges by Revenue Code	9(8)V99S	R	157	166	FL47

(2) Identical revenue codes should be combined and their charges added together for reporting purposes.

(j) **Record Type 70 sequences 1, 2, and 3.**

(1) **Sequence 1 — 1450 and 1450Y2K — Medical data (Diagnosis and Present on Admission codes).**

<b>FIELD NO.</b>	<b>NAME</b>	<b>PICTURE</b>	<b>SPEC</b>	<b>POSITION FROM THRU</b>		<b>FORM LOCATOR</b>
* 1	Record Type '70'	XX	L	1	2	
* 2	Sequence '01'	XX	R	3	4	
* 3	Patient Control Number	X(20)	L	5	24	FL03
* 4	Principal Diagnosis Code	X(7)	L	25	31	FL67
* 5	Other Diagnosis Code 1	X(7)	L	32	38	FL67A
* 6	Other Diagnosis Code 2	X(7)	L	39	45	FL67B
* 7	Other Diagnosis Code 3	X(7)	L	46	52	FL67C
* 8	Other Diagnosis Code 4	X(7)	L	53	59	FL67D
* 9	Other Diagnosis Code 5	X(7)	L	60	66	FL67E
* 10	Other Diagnosis Code 6	X(7)	L	67	73	FL67F
* 11	Other Diagnosis Code 7	X(7)	L	74	80	FL67G
* 12	Other Diagnosis Code 8	X(7)	L	81	87	FL67H
* 13	Other Diagnosis Code 9	X(7)	L	88	94	FL67I
* 14	Other Diagnosis Code 10	X(7)	L	95	101	FL67J
* 15	Other Diagnosis Code 11	X(7)	L	102	108	FL67K
* 16	Other Diagnosis Code 12	X(7)	L	109	115	FL67L
* 17	Other Diagnosis Code 13	X(7)	L	116	122	FL67M
* 18	Other Diagnosis Code 14	X(7)	L	123	129	FL67N

* 19	Other Diagnosis Code 15	X(7)	L	130	136	FL67O
* 20	Other Diagnosis Code 16	X(7)	L	137	143	FL67P
* 21	Other Diagnosis Code 17	X(7)	L	144	150	FL67Q
* 22	Other Diagnosis Code 18	X(7)	L	151	157	
* 23	Other Diagnosis Code 19	X(7)	L	158	164	
* 24	Other Diagnosis Code 20	X(7)	L	165	171	
* 25	Other Diagnosis Code 21	X(7)	L	172	178	
* 26	Other Diagnosis Code 22	X(7)	L	179	185	
* 27	Other Diagnosis Code 23	X(7)	L	186	192	
* 28	Other Diagnosis Code 24	X(7)	L	193	199	
* 29	Other Diagnosis Code 25	X(7)	L	200	206	
* 30	Other Diagnosis Code 26	X(7)	L	207	213	
* 31	Other Diagnosis Code 27	X(7)	L	214	220	
* 32	Other Diagnosis Code 28	X(7)	L	221	227	
* 33	Other Diagnosis Code 29	X(7)	L	228	234	
* 34	POA – Present on Admission	X(1)	L	235	235	FL67
* 35	POA 1 – Present on Admission	X(1)		236	236	FL67A
* 36	POA 2 – Present on Admission	X(1)		237	237	FL67B
* 37	POA 3 – Present on Admission	X(1)		238	238	FL67C
* 38	POA 4 – Present on Admission	X(1)		239	239	FL67D
* 39	POA 5 – Present on Admission	X(1)		240	240	FL67E
* 40	POA 6 – Present on Admission	X(1)		241	241	FL67F
* 41	POA 7 – Present on Admission	X(1)		242	242	FL67G
* 42	POA 8 – Present on Admission	X(1)		243	243	FL67H

* 43	POA 9 – Present on Admission	X(1)	244	244	FL67I
* 44	POA 10 – Present on Admission	X(1)	245	245	FL67J
* 45	POA 11 – Present on Admission	X(1)	246	246	FL67K
* 46	POA 12 – Present on Admission	X(1)	247	247	FL67L
* 47	POA 13 – Present on Admission	X(1)	248	248	FL67M
* 48	POA 14 - Present on Admission	X(1)	249	249	FL67N
* 49	POA 15 – Present on Admission	X(1)	250	250	FL67O
* 50	POA 16 – Present on Admission	X(1)	251	251	FL67P
* 51	POA 17 – Present on Admission	X(1)	252	252	FL67Q
* 52	POA 18 – Present on Admission	X(1)	253	253	
* 53	POA 19 – Present on Admission	X(1)	254	254	
* 54	POA 20 – Present on Admission	X(1)	255	255	
* 55	POA 21 – Present on Admission	X(1)	256	256	
* 56	POA 22 – Present on Admission	X(1)	257	257	
* 57	POA 23 – Present on Admission	X(1)	258	258	
* 58	POA 24 – Present on Admission	X(1)	259	259	

* 59	POA 25 – Present on Admission	X(1)	260	260
* 60	POA 26 – Present on Admission	X(1)	261	261
* 61	POA 27 – Present on Admission	X(1)	262	262
* 62	POA 28 – Present on Admission	X(1)	263	263
* 63	POA 29 – Present on Admission	X(1)	264	264

**(2) Sequence 2 – 1450 and 1450Y2K – Medical data (Admitting Diagnosis and External Cause of Injury).**

<b>FIELD NO.</b>	<b>NAME</b>	<b>PICTURE</b>	<b>SPEC</b>	<b>POSITION FROM THRU</b>	<b>FORM LOCATOR</b>
* 1	Record Type '70'	XX	L	1 2	
* 2	Sequence '02'	XX	R	3 4	
* 3	Patient Control Number	X(20)	L	5 24	FL3A
* 4	Admitting Diagnosis Code	X(8)	L	25 32	FL69
* 5	External Cause of Injury Code 1	X(8)	L	33 40	FL72
* 6	External Cause of Injury Code 2	X(8)	L	41 48	FL72
* 7	External Cause of Injury Code 3	X(8)	L	49 56	FL72
* 8	External Cause of Injury Code 4	X(8)	L	57 64	
* 9	External Cause of Injury Code 5	X(8)	L	65 72	
* 10	External Cause of Injury	X(8)	L	73 80	

	Code 6				
* 11	External Cause of Injury Code 7	X(8)	L	81	88
* 12	External Cause of Injury Code 8	X(8)	L	89	96
* 13	External Cause of Injury Code 9	X(8)	L	97	104
* 14	External Cause of Injury Code 10	X(8)	L	105	112

(3) **Sequence 3 — 1450 — Medical data (Procedures).**

<b>FIELD NO.</b>	<b>NAME</b>	<b>PICTURE</b>	<b>SPEC</b>	<b>POSITION FROM THRU</b>		<b>LOCATOR</b>
* 1	Record Type '70'	XX	L	1	2	
* 2	Sequence "03'	XX	R	3	4	
* 3	Patient Control Number	X(20)	L	5	24	FL3A
* 4	Principal Procedure Code	X(8)	L	25	32	FL74
* 5	Principal Procedure Code Date (mmddy)	X(6)	L	33	38	FL74
* 6	Other Procedure Code 1	X(8)	L	39	46	FL74A
* 7	OPC 1 – Date (mmddy)	X(6)	R	47	52	FL74A
* 8	Other Procedure Code 2	X(8)	L	53	60	FL74B
* 9	OPC 2 – Date (mmddy)	X(6)	R	61	66	FL74B
* 10	Other Procedure Code 3	X(8)	L	67	74	FL74C
* 11	OPC 3 – Date (mmddy)	X(6)	R	75	80	FL74C
* 12	Other Procedure Code 4	X(8)	L	81	88	FL74D
* 13	OPC 4 – Date (mmddy)	X(6)	R	89	94	FL74D
* 14	Other Procedure Code 5	X(8)	L	95	102	FL74E
* 15	OPC 5 – Date (mmddy)	X(6)	R	103	108	FL74E
* 16	Other Procedure Code 6	X(8)	L	109	116	
* 17	OPC 6 – Date (mmddy)	X(6)	R	117	122	

* 18	Other Procedure Code 7	X(8)	L	123	130
* 19	OPC 7 – Date (mmddyy)	X(6)	R	131	136
* 20	Other Procedure Code 8	X(8)	L	137	144
* 21	OPC 8 – Date (mmddyy)	X(6)	R	145	150
* 22	Other Procedure Code 9	X(8)	L	151	158
* 23	OPC 9 – Date (mmddyy)	X(6)	R	159	164
* 24	Other Procedure Code 10	X(8)	L	165	172
* 25	OPC 10 – Date (mmddyy)	X(6)	R	173	180
* 26	Other Procedure Code 11	X(8)	L	181	188
* 27	OPC 11 – Date (mmddyy)	X(6)	R	189	194
* 28	Other Procedure Code 12	X(8)	L	195	202
* 29	OPC 12 – Date (mmddyy)	X(6)	R	203	208
* 30	Other Procedure Code 13	X(8)	L	209	216
* 31	OPC 13 – Date (mmddyy)	X(6)	R	217	222
* 32	Other Procedure Code 14	X(8)	L	223	230
* 33	OPC 14 – Date (mmddyy)	X(6)	R	231	236
* 34	Other Procedure Code 15	X(8)	L	237	244
* 35	OPC 15 – Date (mmddyy)	X(6)	R	245	250
* 36	Other Procedure Code 16	X(8)	L	251	258
* 37	OPC 16 – Date (mmddyy)	X(6)	R	259	264
* 38	Other Procedure Code 17	X(8)	L	265	272
* 39	OPC 17 – Date (mmddyy)	X(6)	R	273	278
* 40	Other Procedure Code 18	X(8)	L	279	286
* 41	OPC 18 – Date (mmddyy)	X(6)	R	287	292
* 42	Other Procedure Code 19	X(8)	L	293	300
* 43	OPC 19 – Date (mmddyy)	X(6)	R	301	306
* 44	Other Procedure Code 20	X(8)	L	307	314
* 45	OPC 20 – Date (mmddyy)	X(6)	R	315	320
* 46	Procedure Coding Method Used 9(1)			321	321

**(4) Sequence 3 – 1450Y2K – Medical data (Procedures).**

<b>FIELD NO.</b>	<b>NAME</b>	<b>PICTURE</b>	<b>SPEC</b>	<b>POSITION FROM THRU</b>		<b>FORM LOCATOR</b>
* 1	Record Type '70'	XX	L	1	2	
* 2	Sequence '03'	XX	R	3	4	
* 3	Patient Control Number	X(20)	L	5	24	FL3A
* 4	Principal Procedure Code	X(8)	L	25	32	FL74
	Principal Procedure Code					
* 5	Date (ccyymmdd)	X(8)	L	33	40	
* 6	Other Procedure Code 1	X(8)	L	41	48	FL74A
* 7	OPC 1 – Date (ccyymmdd)	X(8)	R	49	56	
* 8	Other Procedure Code 2	X(8)	L	57	64	FL74B
* 9	OPC 2 – Date (ccyymmdd)	X(8)	R	65	72	
* 10	Other Procedure Code 3	X(8)	L	73	80	FL74C
* 11	OPC 3 – Date (ccyymmdd)	X(8)	R	81	88	
* 12	Other Procedure Code 4	X(8)	L	89	96	FL74D
* 13	OPC 4 – Date (ccyymmdd)	X(8)	R	97	104	
* 14	Other Procedure Code 5	X(8)	L	105	112	FL74E
* 15	OPC 5 – Date (ccyymmdd)	X(8)	R	113	120	
* 16	Other Procedure Code 6	X(8)	L	121	128	
* 17	OPC 6 – Date (ccyymmdd)	X(8)	R	129	136	
* 18	Other Procedure Code 7	X(8)	L	137	144	
* 19	OPC 7 – Date (ccyymmdd)	X(8)	R	145	152	
* 20	Other Procedure Code 8	X(8)	L	153	160	
* 21	OPC 8 – Date (ccyymmdd)	X(8)	R	161	168	
* 22	Other Procedure Code 9	X(8)	L	169	176	
* 23	OPC 9 – Date (ccyymmdd)	X(8)	R	177	184	
* 24	Other Procedure Code 10	X(8)	L	185	192	
* 25	OPC 10 – Date (ccyymmdd)	X(8)	R	193	200	
* 26	Other Procedure Code 11	X(8)	L	201	208	
* 27	OPC 11 – Date (ccyymmdd)	X(8)	R	209	216	

* 28	Other Procedure Code 12	X(8)	L	217	224
* 29	OPC 12 – Date (ccyymmdd)	X(8)	R	225	232
* 30	Other Procedure Code 13	X(8)	L	233	240
* 31	OPC 13 – Date (ccyymmdd)	X(8)	R	241	248
* 32	Other Procedure Code 14	X(8)	L	249	256
* 33	OPC 14 – Date (ccyymmdd)	X(8)	R	257	264
* 34	Other Procedure Code 15	X(8)	L	265	272
* 35	OPC 15 – Date (ccyymmdd)	X(8)	R	273	280
* 36	Other Procedure Code 16	X(8)	L	281	288
* 37	OPC 16 – Date (ccyymmdd)	X(8)	R	289	296
* 38	Other Procedure Code 17	X(8)	L	297	304
* 39	OPC 17 – Date (ccyymmdd)	X(8)	R	305	312
* 40	Other Procedure Code 18	X(8)	L	313	320
* 41	OPC 18 – Date (ccyymmdd)	X(8)	R	321	328
* 42	Other Procedure Code 19	X(8)	L	329	336
* 43	OPC 19 – Date (ccyymmdd)	X(8)	R	337	344
* 44	Other Procedure Code 20	X(8)	L	345	352
* 45	OPC 20 – Date (ccyymmdd)	X(8)	R	353	360
* 46	Procedure Coding Method Used	9(1)		361	361

(A) ICD coding is required for diagnosis.

(B) Do not report the decimal in the code.

(C) The ICD diagnosis codes are assigned a COBOL picture of X.

**(k) 1450 and 1450Y2K – Record Type 80 – 8N – Physician data.**

<b>FIELD NO.</b>	<b>NAME</b>	<b>PICTURE</b>	<b>SPEC</b>	<b>POSITION FROM THRU</b>	<b>FORM LOCATOR</b>
* 1	Record Type '80'	XX	L	1 2	
* 2	Sequence	99	R	3 4	
* 3	Patient Control Number	X(20)	L	5 24	FL03

4	Filler (empty fields)			25	26	
* 5	Attending Provider Identifier	9(10)	L	27	36	FL76
6	Filler (empty fields)			37	42	
* 7	Operating Physician Identifier	9(10)	L	43	52	FL77
8	Filler (empty fields)			53	58	
* 9	Other Physician Identifier	9(10)	L	59	68	FL78
10	Filler (empty fields)			69	74	
* 11	Other Physician Identifier	9(10)	L	75	84	FL79
12	Filler (empty fields)			84	90	
* 13	Attending Provider_Name	X(25)	L	91	115	
	Last Name	X(16)	L	91	106	
	First Name	X(8)	L	107	114	
	Middle Initial	X		115	115	
<b>FIELD NO.</b>	<b>NAME</b>	<b>PICTURE</b>	<b>SPEC</b>	<b>POSITION FROM THRU</b>		<b>FORM LOCATOR</b>
11	Operating Physician Name	X(25)	L	116	140	
12	Other Physician Name	X(25)	L	141	165	
13	Other Physician Name	X(25)	L	166	190	

(I) **1450 and 1450Y2K — Record Type 95 — Provider Batch Control.**

- (1) Only one (1) type 10 and type 95 record is required per hospital per submittal.
- (2) Record type 95 will be processed as a trailer record.
- (3) The Federal Tax Number must match the type 10 record.
- (4) The record type 10 will be processed as a header record.
- (5) Federal Tax Sub ID must be the same as specified on the type 10 record.
- (6) Number of Claims should be the number of discharges in the batch (number of type 20 records).

<b>FIELD</b>	<b>NAME</b>	<b>PICTURE</b>	<b>SPEC</b>	<b>POSITION</b>	<b>FORM</b>
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<b>NO.</b>				<b>FROM</b>	<b>THRU</b>	<b>LOCATOR</b>
* 1	Record Type '95'	XX	L	1	2	
* 2	Federal Tax Number (EIN)	9(10)	R	3	12	FL05
* 3	Federal Tax Sub ID	X(4)	L	13	16	FL05
* 4	Number of Claims	9(6)	R	25	30	

**Authority.** Arkansas Code § 20-7-305.

**Codification Notes.** "CBOL" means common business oriented language.

"ICD" means International Classification of Diseases.

**20 CAR § 54-108. Exceptions to 1450 format.**

(a)(1) In general, the submittal is identical to the current UB-04 1450 version 7 format used.

(2) The differences are minor but nevertheless important.

(3) The most notable difference is the requirement for one (1) discharge record for one (1) patient, as opposed to the possibility of multiple claim records for one (1) patient.

(4) For discharges with multiple claim records, they should be consolidated into a single discharge, accumulating amounts where necessary (e.g., amounts by payer).

(b)(1) Only one type 10 is required per hospital per submittal.

(2)(A) Only the first type 10 record and type 95 record will be processed.

(B) All others will be ignored.

(3) A record type 10 will be processed as a header record and a record type 95 will be processed as a trailer record.

(c) In record type 20, Statement Covers Period Thru should be the discharge date.

(d) In record type 95, Federal Tax Sub ID must be the same as specified on the type 10 record.

(e) Number of Claims in record type 95 should be the number of discharges reported in the batch, after the batch equal to the number of type 20 records.

(f)(1) Record type 27 is not a record type used in the UB-04 claim.

(2) It contains data that:

(A) May come from other record types, such as Type of Bill;

(B) May be computable, such as Total Charges; or

(C) Should be found in your current databases, Patient Social Security Number for example.

**Authority.** Arkansas Code § 20-7-305.

**20 CAR § 54-109. Use of multipage claims.**

(a) All data except revenue code and charge fields should be duplicated on successive records.

(b) All available revenue and charge fields should be completely filled before using additional records.

(c) The 0001 revenue code:

(1) Should be the last entry on the last record for a multi-page claim; and

(2) Charge should be equal to the total charge for all pages.

**Authority.** Arkansas Code § 20-7-305.

**Appendix A. Data Dictionary**

**Link:**

<https://CodeOfARRules.arkansas.gov/docs/CARCodeAppendices/Appendices/92/20CARpt.54AppendixA.pdf>

**Appendix B. Revenue Codes and Units of Service**

**Link:**

<https://CodeOfARRules.arkansas.gov/docs/CARCodeAppendices/Appendices/93/20CARpt.54AppendixB.pdf>

### **Appendix C. Acronym Listing**

**Link:**

<https://CodeOfARRules.arkansas.gov/docs/CARCodeAppendices/Appendices/94/20CARpt.54AppendixC.pdf>

### **Appendix D. References**

**Link:**

<https://CodeOfARRules.arkansas.gov/docs/CARCodeAppendices/Appendices/95/20CARpt.54AppendixD.pdf>