



**Kentucky
Inpatient and Outpatient
Data Coordinator's Manual
For Hospitals**

Revised
January 1, 2019

Data Collection Help Desk
1-888-992-4320

www.KYIPOP.org

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KY IPOP Data Coordinator's Manual for Hospitals Highlight of changes

The following changes were made to this version of the manual.

- Cover Page - Revised date changed to January 1, 2019
- Page 6 – The Kentucky IPOP data collection system is to include all inpatient visits on discharge and should not be submitted as interim or partial bills with the exception of those recurring accounts that are sent as partial bills.
- Page 12 – Bill Types added:
 - 141 – Hospital Other (for hospital referenced diagnostic services or home health not under a plan of treatment) Admit through Discharge
 - 182 – Hospital Swing Beds Interim-First Claim Used
 - 184- Hospital Swing Beds Interim-Last Claim
 - 213 – Skilled Nursing Inpatient (including Medicare Part A) Interim-Continuing Claims
 - 214 – Skilled Nursing Inpatient (including Medicare Part A) Interim-Last Claim
 - 223 – Skilled Nursing Inpatient (Medicare Part B Only) Interim-Continuing Claims
 - 224 – Skilled Nursing Inpatient (Medicare Part B Only) Interim-Last Claim
- Page 24 – Anthem Health Plans of KY PPO Plan
- Page 25 and 26 – Payer Mapping Codes
 - 98901 Aetna Health Commercial HMO Plan
 - 98902 Aetna Health Commercial PPO Plan
 - 98903 Aetna Health Commercial POS Plan
 - 98904 Humana Commercial HMO Plan
 - 98905 Humana Commercial PPO Plan
 - 98906 Anthem Health Plans of KY POS Plan
 - 98907 Anthem Health Plans of KY Fee-For-Service Plan
 - 98908 Anthem Health Plans of KY HMO Plan
 - 98931 United Healthcare Commercial POS Plan
 - 98932 United Healthcare Commercial Fee-For-Service Plan
 - 98933 United Healthcare Commercial PPO Plan
 - 98934 United Healthcare of KY Commercial POS Plan
 - 98935 United Healthcare of KY Commercial HMO Plan
 - 98936 United Healthcare of Ohio Commercial POS Plan
 - 98937 Cigna Health & Life Fee-For-Service Commercial Plan
 - 98938 Cigna Health & Life Commercial PPO Plan
 - 98939 Nippon Life Insurance Company of America
 - 98941 CareSource Kentucky HMO Plan
 - 98942 Wellcare Health Plans of KY HMO Plan
 - 98943 Pending MCO Insurance
- Page 27 - =Emergency Room (Obsolete – eff. 7/1/10)
- Page 29 – Bill Types Added:

- 141 – Hospital Other (for hospital referenced diagnostic services or home health not under a plan of treatment) Admit through Discharge
 - 182 – Hospital Swing Beds Interim-First Claim Used
 - 184- Hospital Swing Beds Interim-Last Claim
 - 213 – Skilled Nursing Inpatient (including Medicare Part A) Interim-Continuing Claims
 - 214 – Skilled Nursing Inpatient (including Medicare Part A) Interim-Last Claim
 - 223 – Skilled Nursing Inpatient (Medicare Part B Only) Interim-Continuing Claims
 - 224 – Skilled Nursing Inpatient (Medicare Part B Only) Interim-Last Claim
- Page 35 - = Still Patient or Expected to Return for Outpatient Services
- Page 45 – Data Element 121 Patient’s Primary Phone Number
- Page 59 – Patient’s Name (Last name, First name, Middle initial) required for all Inpatient Records
- Page 59 – Patient’s Name data element starting at 2125 -2158, 34 in length
- Page 59 – Patient’s Home Address (street) required for all Inpatient Records
- Page 59 – Patient’s City required for all Inpatient Records
- Page 59 - Patient’s State required for all Inpatient Records
- Page 61 – Primary Insured’s Member ID Number required for all Inpatient Records. If the patient is self pay, charity or does not currently have any insurance please use 987654321
- Page 61 - Medical Health Record Number required for all Inpatient Records
- Page 64 - Anthem Health Plans of KY PPO Plan
- Page 65 and 66 – Payer Mapping Codes
 - 98901 Aetna Health Commercial HMO Plan
 - 98902 Aetna Health Commercial PPO Plan
 - 98903 Aetna Health Commercial POS Plan
 - 98904 Humana Commercial HMO Plan
 - 98905 Humana Commercial PPO Plan
 - 98906 Anthem Health Plans of KY POS Plan
 - 98907 Anthem Health Plans of KY Fee-For-Service Plan
 - 98908 Anthem Health Plans of KY HMO Plan
 - 98931 United Healthcare Commercial POS Plan
 - 98932 United Healthcare Commercial Fee-For-Service Plan
 - 98933 United Healthcare Commercial PPO Plan
 - 98934 United Healthcare of KY Commercial POS Plan
 - 98935 United Healthcare of KY Commercial HMO Plan
 - 98936 United Healthcare of Ohio Commercial POS Plan
 - 98937 Cigna Health & Life Fee-For-Service Commercial Plan
 - 98938 Cigna Health & Life Commercial PPO Plan
 - 98939 Nippon Life Insurance Company of America
 - 98941 CareSource Kentucky HMO Plan
 - 98942 Wellcare Health Plans of KY HMO Plan
 - 98943 Pending MCO Insurance

- Page 66 - =Emergency Room (Obsolete – eff. 7/1/10)
- Page 72 - = Still Patient or Expected to Return for Outpatient Services
- Page 84 – Data Element 106 Patient’s Primary Phone Number
- Page 105 – Patient’s Name (Last Name, First Name, Middle Initial) Required for all Outpatient Records
- Page 105 - Patient’s Name data element starting at 2125 -2158, 34 in length
- Page 106 – Patient’s Home Address (street) Required for all Outpatient Records
- Page 106 – Patient’s City Required for all Outpatient Records
- Page 106 – Patient’s State Required for all Outpatient Records
- Page 106 – Primary Insured’s Member ID Number required for all Outpatient Records. If the patient is self pay, charity or does not currently have any insurance please use 987654321
- Page 107 – Filler 2278 – 2500
- Page 111 - Primary Insured’s Member ID Number required for all Inpatient and Outpatient Records. If the patient is self pay, charity or does not currently have any insurance please use 987654321
- Page 112 - Anthem Health Plans of KY PPO Plan
- Page 113 and 114 – Payer Mapping Codes
 - 98901 Aetna Health Commercial HMO Plan
 - 98902 Aetna Health Commercial PPO Plan
 - 98903 Aetna Health Commercial POS Plan
 - 98904 Humana Commercial HMO Plan
 - 98905 Humana Commercial PPO Plan
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 - 98907 Anthem Health Plans of KY Fee-For-Service Plan
 - 98908 Anthem Health Plans of KY HMO Plan
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 - 98939 Nippon Life Insurance Company of America
 - 98941 CareSource Kentucky HMO Plan
 - 98942 Wellcare Health Plans of KY HMO Plan
 - 98943 Pending MCO Insurance
- Page 114 – Patient’s Name (Last Name, First Name, Middle Initial) Required for all Inpatient and Outpatient Records
- Page 115 – Patient’s Street Address (street) Required for all Inpatient and Outpatient Records
- Page 115 – Patient’s City / State Required for all Inpatient and Outpatient Records

- Page 115 – Patient Zip Code +4 Required for all Inpatient and Outpatient Records
- Page 116 – Patient’s Primary Phone Number required for all Inpatient and Outpatient Records
- Page 119 – Bill Types Added:
 - 141 – Hospital Other (for hospital referenced diagnostic services or home health not under a plan of treatment) Admit through Discharge
 - 182 – Hospital Swing Beds Interim-First Claim Used
 - 184- Hospital Swing Beds Interim-Last Claim
 - 213 – Skilled Nursing Inpatient (including Medicare Part A) Interim-Continuing Claims
 - 214 – Skilled Nursing Inpatient (including Medicare Part A) Interim-Last Claim
 - 223 – Skilled Nursing Inpatient (Medicare Part B Only) Interim-Continuing Claims
 - 224 – Skilled Nursing Inpatient (Medicare Part B Only) Interim-Last Claim
- Page 121 - =Emergency Room (Obsolete – eff. 7/1/10)
- Page 124 - = Still Patient or Expected to Return for Outpatient Services
- Page 128 – Medical Health Record Number required for all Inpatient and Outpatient Records

What is Kentucky IPOP?

Kentucky Inpatient Outpatient Data Collection System (KY IPOP) is an online system that securely allows for the submission, collection, and editing of all inpatient and all outpatient case level data from facilities, as required by statute and administrative regulation, to the Commonwealth of Kentucky.

The Kentucky IPOP data collection system is to include all inpatient visits on discharge and should not be submitted as interim or partial bills **with the exception of those recurring accounts that are sent as partial bills**. All inpatient visits including acute, skilled nursing facility, intermediate care, custodial/respite, swing beds and distinct part rehabilitation units are required for submission. Do not include discharge cases from the following facility types: hospice patients.

The Kentucky IPOP data collection system is to include all outpatient visits to Kentucky hospitals and related facilities. Outpatient is defined as any patient visit that is not considered inpatient. Patient accounts that should be included are all outpatient procedure codes and revenue codes.

Kentucky IPOP data collection system will begin collecting 2010 third calendar quarter (having a discharge date greater than or equal to July 1, 2010) for all required inpatient and outpatient cases. Use this manual to guide you through the IPOP system.

The most critical component for utilizing information is the data from which the information is derived. The integrity and usefulness of the KHA Kentucky IPOP information are based on the accurate and complete reporting of the data from each individual facility.

State Mandates and Data Uses

This manual was developed according to mandated data reporting requirements set forth in the following statutes and regulations:

- KRS 216.2920-2929 which authorizes the Kentucky Cabinet for Health and Family Services to collect and analyze health care data contained on claims documents.
 - Data reporting requirements have been approved by the Cabinet, and are published as Administrative Regulation 900 KAR 7:030.
 - Data is used to develop the Cabinet's mandated legislative reports and public information focusing on the cost, quality, and outcomes of health services provided in the Commonwealth.
 - Used to support different health related programs:
 - Office of Health Policy's work on health care Policy
 - Quality and outcomes reporting to the legislature
 - Department of Public Health
 - Data reporting regulations can be obtained at www.lrc.state.ky.us/KAR/title900htm.
- KRS 211.651-670 authorizes the Department for Public Health to establish and maintain the Kentucky Birth Surveillance Registry (KBSR) for tracking birth defects in children under 5.
 - KBSR provides information on:
 - The incidence, prevalence and trends of congenital anomalies, still births, and disabling conditions
 - Possible causes for these conditions
 - Development of preventative strategies to reduce the incidence and secondary complications of the conditions
 - To link affected children and their family to intervention services
- Administrative Regulation 902 KAR 19:010 establish the uniform procedures for the KBSR to collect data from acute care licensed hospitals in KY, and specific data elements and reporting requirements.
 - Children ages birth to 5 years, with specific ICD-9 diagnostic codes **and/or ICD-10-CM diagnostic codes (effective 10/1/2015)** are reported to the KBSR.
 - The applicable ICD-9-CM codes **and ICD-10-CM codes** are provided below.
- Contact KBSR at 502.564.2154 or kbsr@ky.gov for policy questions or additional information.
- A copy of birth registry administrative regulations can be obtained from the Kentucky Legislative Research Commission at www.lrc.state.ky.us/KAR/title902/htm

KBSR Applicable Conditions and ICD-10 Codes

The Kentucky Birth Surveillance Registry accepts data for children ages birth to 5 years, for the following conditions and all of their subcategories unless otherwise specified in Appendix B:

1. All congenital anomalies coded Q0.0 –Q99
2. Metabolic / storage disorders D74, D81, E03, E07, E25, E70-E72, E74-E76, E88
3. Hereditary hemolytic anemia D57
4. Teratogens (noxious influences) P04
5. Infant of diabetic mother P70.0 – P70.1
6. Zika virus disease A92.5

Other KBSR Required Data

UB / 837 records that meet the above conditions must have additional data elements, which are detailed in this section, reported on each claim. These elements are noted as specific to the KBSR on both file formats. They include, but are not limited to:

- First and last name of the child (patient)
- Complete address of the patient
- First and last name of the insured
- SSN of insured
- Patient relationship to the insured

KENTUCKY IPOP Data Coordinator Guidelines

Each data coordinator will be responsible for submitting, correcting, and monitoring their hospital's data for inclusion in the KENTUCKY IPOP database as outlined in this manual. The Data Coordinator should review the Kentucky IPOP Manual, and address any questions with KHA staff at HELP LINE or Website Address prior to any data submission.

- Each hospital will designate a primary and secondary (backup) Data Coordinator.
- Inform Kentucky Hospital Association of personnel changes.
- Discuss your data reporting needs with the appropriate staff members at your facility, to ensure that the various departments within your organization understand their part in the process.
- A facility that utilizes a vendor for claims processing may request a username and password for the vendor.

Data Submission Highlights

Facilities submit data directly to Kentucky Hospital Association using KENTUCKY IPOP, in one of the file layouts specified in this manual.

- Quarterly deadlines will be established for the submission of data.
- Facilities will be notified of the data submission deadlines in advance, and will also receive submission deadline reminders via email.
- The method of data submission is via KENTUCKY IPOP secure internet EFT. You must have access to the internet to send files via EFT.
- Each data batch file submitted may contain records for multiple weeks or months within a specific quarter year. Error correction does not require resubmission of the record.
- Corrections are made through our secure website through a real-time edit process. If the batch contains significant numbers of records with errors, the data coordinator may choose to delete the batch, correct the submission issue and resubmit the batch. Batches that have specific problems may be rejected by the system.

Examples:

- If the batch layout format has significant structural failure, the entire batch will be rejected.
 - If the patient control number or facility number is missing from the record, the entire batch will be rejected.
 - For flat file submissions, if the page number is missing, the batch will be rejected.
 - If the DNR field = P1 for over 50% of the records in the batch, the batch will be rejected.
 - For 837 file submissions, the hierarchy HL segments must have a unique ID and the HL segments must properly link.
 - If the batch contains 80% of duplicate patient control numbers the batch will be rejected.
 - The batch will reject if it contains more than 3% of records with Race of 'R9'.
 - The batch will reject if it contains more than 1% of records with Payer Code '00000'.
 - The batch will reject if it contains more than 1% of records with Admit Type of '9'.
-
- No paper administrative data submission will be accepted.

Mandatory Data Submissions (Types of data required to be submitted)

Inpatients

All inpatient cases are to be submitted.

Inpatient Bill Types:

- 110 - Hospital; inpatient (including Medicare Part A); non-payment/zero claim
- 111 - Hospital; inpatient (including Medicare Part A); admit through discharge claim
- 121 - Hospital; inpatient (including Medicare Part B only); admit through discharge claim
- 117 – Hospital, Inpatient (including Medicare Part A), Replacement of Prior Claim
- 141 - Hospital Other (for hospital referenced diagnostic services or home health not under a plan of treatment) Admit through Discharge
- 180 – Swing Bed; Non Covered Stay
- 181 – Swing Bed; Admit to Discharge Claim
- 182 – Hospital Swing Beds Interim-First Claim Used for the
- 184 - Hospital Swing Beds Interim-Last Claim
- 211 – Skilled Nursing Facility; Admit to Discharge Claim
- 212 – Skilled Nursing Facility; Initial Claim Only
- 213 - Skilled Nursing Inpatient (Including Medicare Part A) Interim-Continuing Claims
- 214 - Skilled Nursing Inpatient (Including Medicare Part A) Interim-Last Claim
- 223 - Skilled Nursing Inpatient (Medicare Part B Only) Interim-Continuing Claims
- 224 - Skilled Nursing Inpatient (Medicare Part B Only) Interim-Last Claim

Outpatients

All outpatient visits to Kentucky Hospitals and related facilities are required to be submitted to IPOP. In order to be HIPAA compliant, Hospitals and related facilities must have signed business associate agreement to submit the mandated Outpatient records. If you are not sure if your facility has a business associate agreement with KHA for this purpose, please contact the help line.

- IPOP includes all CPT®/HCPCS procedure codes that are accepted for inclusion in our database.
- Patient Accounts that should be included are:
 - All Outpatient Procedure Codes (CPT and HCPCS codes)
 - All Revenue Codes

Effective **01/01/2015**

All Outpatient CPT, HCPCS and Revenue codes are required

Outpatient Bill Types

- 131 – Hospital; Outpatient; Admit through Discharge Claim
- 431 – Religious Non-Medical Healthcare Institution – Hospital Inpatient; Outpatient; Admit through Discharge Claim
- 731 – Clinic; Freestanding; Admit through Discharge
- 831 – Special Facility or ASC Surgery; Freestanding; Admit through Discharge
- 851 – Special Facility or ASC Surgery; Comprehensive Outpatient Rehab Facility (CORF); Admit through Discharge Claim

Data Submission Timetable

Hospitals and related ambulatory facilities are required to submit data to the Cabinet through Kentucky IPOP on a quarterly basis, at a minimum. Facilities may submit cases more frequently and KHA encourages a more frequent submission schedule.

Calendar quarters are:

January 1 through March 31
April 1 through June 30
July 1 through September 30
October 1 through December 31

- Initial submissions of Case Counts and Case Data are due no later than 45 days after the quarter close date. If the 45th day falls on a weekend or a holiday, the submission will be due on the next working day.
- Final submission for Case Counts and Case Data are due 75 days from the quarter close date. If the 75th day falls on a weekend or a holiday, the submission will be due on the next working day.

Through the above schedule, facilities are provided thirty (30) days in which to submit corrections. Submitting on a more-frequent schedule will allow facilities more lead time to identify and correct errors.

Late Load Policy

KHA will charge \$500 per provider for each calendar quarter of data to be late loaded after a given quarter is closed (e.g. the fee to submit both inpatient and outpatient data for the same quarter would be \$1,000). The \$500 fee is in effect for late loaded data for any time period (e.g. one month of data) within a closed quarter.

Data is considered a “late load” after KHA has “closed” a calendar quarter and stopped accepting data for that given quarter.

To be considered “clean” – all data must pass each KENTUCKY IPOP edit and audit prior to loading into the KENTUCKY IPOP finished databases.

Late load data will be loaded into the KENTUCKY IPOP databases at one time each month.

The following page contains the necessary form and instructions for submitting a late load request. The actual form is available at the KY IPOP website.



LATE DATA LOAD SUBMISSION FORM

Facility Information:									
Facility Name									
City									
State									
Facility Contact:									
Name									
Email Address									
Phone Number									
Person Completing Form: <u> </u> Same as Facility Contact									
Name									
Title									
Email Address									
Phone Number									
Process Type (Check Applicable):									
<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient									
Data Time Period to be submitted:									
Year: <input type="text"/> Quarter: <input type="text"/>									
Reason for Requesting Late Load:									
Late Load for (Check One):									
<input type="checkbox"/> Entire Quarter <input type="checkbox"/> Specific Batch (enter batch number) <input type="text"/>									
Will monthly reported counts remain as reported? (Check One)									
<input type="checkbox"/> Yes <input type="checkbox"/> No (enter new count or counts) <input type="text"/>									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #e0e0e0;"> <th style="width: 50%;">Month</th> <th style="width: 50%;">Count</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>		Month	Count						
Month	Count								
Data will be submitted to KY IPOP by:	(MM/DD/YYYY)								
I understand the Late Load policy and that my facility will be invoiced by KHA for a late load fee totaling _____ (\$500 per quarter per data type – IP or OP)									
Signature:	Date:								

Case Count Submission

Your facility must report the actual number of both inpatient discharges and outpatient cases for each quarter.

Month - Year	Inpatient Reported Counts	Outpatient Reported Counts
January		
February		
March		
Q1 Total		
April		
May		
June		
Q2 Total		
July		
August		
September		
Q3 Total		
October		
November		
December		
Q4 Total		

- Initial submissions of Case Counts and Case Data are due no later than 45 days after the quarter close date. If the 45th day falls on a weekend or holiday, the submission will be due on the next working day.
- Final submission for Case Counts and Case Data are due 75 days from the quarter close date. If the 75th day falls on a weekend or a holiday, the submission will be due on the next working day.

Case counts may not be changed after the close of the quarter unless approved by the Office of Health Policy. Requests for changes in case counts (without late load submission) may be made by e-mail to the KY IPOP administrator.

Facility Verification Information

Each quarter, facilities will be asked to verify key information before the edited data can be final-submitted. The following information will be present on a verification screen:

- Data Collection ID (21xxxxxx or KASxxx)
- Facility Name
- Facility License Number
- Facility NPI (primary facility ID used in the data submission)
- Facility Mailing Address
- City, State ZIP Code
- Administrator (CEO) Name
- Administrator (CEO) Telephone Number
- Administrator (CEO) Fax
- Administrator (CEO) E-mail
- Primary Data Coordinator Name
- Primary Data Coordinator Telephone Number
- Primary Data Coordinator Fax
- Primary Data Coordinator E-mail
- Secondary Data Coordinator Name
- Secondary Data Coordinator Telephone Number
- Secondary Data Coordinator Fax
- Secondary Data Coordinator E-mail

The facility is required to verify these elements and submit any changes to KHA. The verification screen will have a link to submit corrections.

A form for initial submission of the information is available at the KY IPOPOP website and is shown on the next page.



Data Coordinator Information

Please submit information changes on this form.

Facility General Information (please print):

Facility Information	Facility Name					
	Facility License #		KY IPOP Facility Data Collection ID #			
	Facility Address					
	City		State		ZIP Code	
	Administrator Name		Administrator Telephone	()	-	
	Administrator Title		Administrator E-mail			

Primary Data Coordinator (please print):

The Primary Data Coordinator receives submission verification reports and other communications.

Primary Data Coordinator	Name					
	Title					
	<input type="checkbox"/> Check Here if Same as Facility Address					
	Address					
	City		State		ZIP Code	
	Telephone	()	-	Fax	()	-
	e-mail					

Secondary Data Coordinator (please print):

Secondary Data Coordinator	Name					
	Title					
	<input type="checkbox"/> Check Here if Same as Facility Address					
	Address					
	City		State		ZIP Code	
	Telephone	()	-	Fax	()	-
	e-mail					

FAX this completed form to: 502-814-0328

Inpatient Flat File Format Layout

The following pages contain the inpatient flat file format layout for submitting data records.

Kentucky IPOP Inpatient Data
Expanded Flat file Format Layout

Data Element	Description	Position		Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts																																						
		From	To																																													
1*	Patient DOB	1	8	8		X		14 (UB92), 10 (UB04)	<table border="1"> <tr><td>~</td><td>MMFFYYYY Format</td></tr> <tr><td>~</td><td>DOB must occur prior to or on same date as discharge</td></tr> <tr><td>~</td><td>Patient must be 124 years old or less</td></tr> <tr><td>~</td><td>Edited to check patient's age vs. logic of diagnoses and procedures</td></tr> </table>	~	MMFFYYYY Format	~	DOB must occur prior to or on same date as discharge	~	Patient must be 124 years old or less	~	Edited to check patient's age vs. logic of diagnoses and procedures																															
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~	Patient must be 124 years old or less																																															
~	Edited to check patient's age vs. logic of diagnoses and procedures																																															
2*	Patient Sex	9	9	1	X			15 (UB92), 11 (UB04)	<table border="1"> <tr><td>M</td><td>= Male</td></tr> <tr><td>F</td><td>= Female</td></tr> <tr><td>U</td><td>= Unknown</td></tr> </table>	M	= Male	F	= Female	U	= Unknown																																	
M	= Male																																															
F	= Female																																															
U	= Unknown																																															
3*	Patient ZIP Code	10	14	5		X		13 (UB92), 09 (UB04)	Zip Code of patient's resident	Unknown = 00000, Foreign = 99999 <i>No more than 1% of records may contain the above values.</i>																																						
4	ZIP plus 4	15	18	4	X			As Above																																								
5*	1st Individual Payer ID #	19	27	9	X		L	50A (UB92), 51A (UB04)	<table border="1"> <tr><td colspan="2">Expected Principal Payment Source</td></tr> <tr><td>~</td><td>Do not include hyphens, commas, periods or slashes</td></tr> <tr><td>~</td><td>Space fill right</td></tr> <tr><td>~</td><td>Use only the 5 digit codes to the right</td></tr> <tr><td>~</td><td>Appropriate code must also be used for Self Pay and Charity patients</td></tr> </table>	Expected Principal Payment Source		~	Do not include hyphens, commas, periods or slashes	~	Space fill right	~	Use only the 5 digit codes to the right	~	Appropriate code must also be used for Self Pay and Charity patients	<table border="1"> <tr><td colspan="2">Payer Mapping Codes</td></tr> <tr><td>98910</td><td>= Medicare (Excl. Managed Care)</td></tr> <tr><td>98911</td><td>= Black Lung</td></tr> <tr><td>98912</td><td>= Charity –defined according to the Hospital policy at time of discharge</td></tr> <tr><td>98913</td><td>= Hill Burton Free Care</td></tr> <tr><td>98914</td><td>= Tricare (Champus)</td></tr> <tr><td>98915</td><td>= ChampVA</td></tr> <tr><td>98916</td><td>= In State Medicaid</td></tr> <tr><td>98917</td><td>= Out of State Medicaid</td></tr> <tr><td>98918</td><td>= Self Pay</td></tr> <tr><td>98921</td><td>= Commercial – Indemnity</td></tr> <tr><td>98922</td><td>= Commercial – HMO</td></tr> <tr><td>98923</td><td>= Commercial – PPO</td></tr> <tr><td>98924</td><td>= Commercial - Other</td></tr> </table>	Payer Mapping Codes		98910	= Medicare (Excl. Managed Care)	98911	= Black Lung	98912	= Charity –defined according to the Hospital policy at time of discharge	98913	= Hill Burton Free Care	98914	= Tricare (Champus)	98915	= ChampVA	98916	= In State Medicaid	98917	= Out of State Medicaid	98918	= Self Pay	98921	= Commercial – Indemnity	98922	= Commercial – HMO	98923	= Commercial – PPO	98924	= Commercial - Other
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98921	= Commercial – Indemnity																																															
98922	= Commercial – HMO																																															
98923	= Commercial – PPO																																															
98924	= Commercial - Other																																															

* Required Field ** Required if present in the record

Kentucky IPOP Inpatient Data
Expanded Flat file Format Layout

Data Element	Description	Position		Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
		From	To							
										98930 = Other Self Administered Plan
										98940 = Passport Medicaid Mgd. Care
										98945 = Medicare Managed Care
										98950 = Workers Compensation
										98960 = Blue Cross Blue Shield Anthem Health Plans of KY PPO Plan
										00000 = Other
										98970 = Aetna Better Health of Kentucky formerly Coventry Care of Kentucky effective date 2/1/16
										98980 = WellCare of Kentucky
										98990 = Kentucky Spirit Health Plan End Date 1/1/2015
										98925 = VA
										98926 = Auto Insurance
										98927 = Other Facility
										98928 = Pending Insurance
										98929 = Humana Medicaid Managed Care
										98991 = BCBS Medicaid Managed Care
										98992 =WellCare Health Commercial Plan (effective 01/01/2015)
										98993 =Care Source KY Commercial Plan (effective 01/01/2015)
										98994 =Kentucky Health Cooperative Plan

* Required Field ** Required if present in the record

Kentucky IPOP Inpatient Data
Expanded Flat file Format Layout

Data Element	Description	Position		Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
		From	To							
										98901 Aetna Health Commercial HMO Plan
										98902 Aetna Health Commercial PPO Plan
										98903 Humana Commercial POS Plan
										98904 Humana Commercial HMO Plan
										98905 Humana Commercial PPO Plan
										98906 Anthem Health Plans of KY POS Plan
										98907 Anthem Health Plans of KY Fee-For-Service Plan
										98908 Anthem Health Plans of KY HMO Plan
										98931 United Healthcare Commercial POS Plan
										98932 United Healthcare Commercial Fee-For-Service Plan
										98933 United Healthcare Commercial PPO Plan
										98934 United Healthcare of KY Commercial POS Plan
										98935 United Healthcare of KY Commercial HMO Plan
										98936 United Healthcare of Ohio Commercial POS Plan
										98937 Cigna Health & Life Fee-For-Service Commercial Plan
										98938 Cigna Health & Life

* Required Field ** Required if present in the record

Kentucky IPOP Inpatient Data
Expanded Flat file Format Layout

Data Element	Description	Position		Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts										
		From	To																	
										<table border="1"> <tr><td></td><td>Commercial PPO Plan</td></tr> <tr><td>98939</td><td>Nippon Life Insurance Company of America</td></tr> <tr><td>98941</td><td>CareSource Kentucky HMO Plan</td></tr> <tr><td>98942</td><td>Wellcare Health Plans of KY HMO Plan</td></tr> <tr><td>98943</td><td>Pending MCO Insurance</td></tr> </table> <p><i>No more than 1% of records may contain 00000.</i></p>		Commercial PPO Plan	98939	Nippon Life Insurance Company of America	98941	CareSource Kentucky HMO Plan	98942	Wellcare Health Plans of KY HMO Plan	98943	Pending MCO Insurance
	Commercial PPO Plan																			
98939	Nippon Life Insurance Company of America																			
98941	CareSource Kentucky HMO Plan																			
98942	Wellcare Health Plans of KY HMO Plan																			
98943	Pending MCO Insurance																			
6	2 nd Individual Payer ID #	28	36	9	X		L	50B (UB92), 51B (UB04)	<table border="1"> <tr><td colspan="2">Expected Secondary Payment Source</td></tr> <tr><td>~</td><td>Instructions as above</td></tr> <tr><td>~</td><td>If no source of payment, space fill</td></tr> </table>	Expected Secondary Payment Source		~	Instructions as above	~	If no source of payment, space fill					
Expected Secondary Payment Source																				
~	Instructions as above																			
~	If no source of payment, space fill																			
7	3 rd Individual Payer ID #	37	45	9	X		L	50C (UB92), 51C (UB04)	<table border="1"> <tr><td colspan="2">Expected Tertiary Payment Source</td></tr> <tr><td>~</td><td>As above</td></tr> </table>	Expected Tertiary Payment Source		~	As above							
Expected Tertiary Payment Source																				
~	As above																			
8*	Date of Admission	46	51	6		X		17 (UB92), 12 (UB04)	<table border="1"> <tr><td>~</td><td>MMDDYY Format</td></tr> <tr><td>~</td><td>No hyphens or slashes</td></tr> <tr><td>~</td><td>Admission date cannot precede birth date or 1993</td></tr> <tr><td>~</td><td>Discharge date cannot precede admission date</td></tr> </table>	~	MMDDYY Format	~	No hyphens or slashes	~	Admission date cannot precede birth date or 1993	~	Discharge date cannot precede admission date			
~	MMDDYY Format																			
~	No hyphens or slashes																			
~	Admission date cannot precede birth date or 1993																			
~	Discharge date cannot precede admission date																			

* Required Field ** Required if present in the record

Kentucky IPOP Inpatient Data
Expanded Flat file Format Layout

Data Element	Description	Position		Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts																										
		From	To																																	
9*	Point of Origin / Source of Admission	52	52	1	X			20 (UB92), 15 (UB04)	Data element becomes Point of Origin as of 10/01/07 discharges, and indicates the point of patient origin for this admission or visit.	<table border="1"> <tr><td>1</td><td>= Non-Health Care Facility</td></tr> <tr><td>2</td><td>= Clinic</td></tr> <tr><td>4</td><td>= Transfer from a Hospital (Different Facility)</td></tr> <tr><td>5</td><td>= Transfer from a SNF/ICF</td></tr> <tr><td>6</td><td>= Transfer from Another Health Care Facility</td></tr> <tr><td>7</td><td>= Emergency Room (Obsolete – eff.7/1/10)</td></tr> <tr><td>8</td><td>= Court/Law Enforcement</td></tr> <tr><td>9</td><td>= Information not Available</td></tr> <tr><td>B</td><td>= Transferred from another Home Health Agency</td></tr> <tr><td>C</td><td>= Readmission to Same Home Health Agency</td></tr> <tr><td>D</td><td>= Transfer from One distinct unit of the hospital to another distinct unit of the same hospital resulting in a separate claim to the payer</td></tr> <tr><td>E</td><td>= Transfer from Ambulatory Surgery Center</td></tr> <tr><td>F</td><td>= Transfer from hospice and is under a hospice plan of care or enrolled in a hospice program</td></tr> </table> <p><i>No more than 1% of cases may contain 9 – Information not Available</i></p>	1	= Non-Health Care Facility	2	= Clinic	4	= Transfer from a Hospital (Different Facility)	5	= Transfer from a SNF/ICF	6	= Transfer from Another Health Care Facility	7	= Emergency Room (Obsolete – eff.7/1/10)	8	= Court/Law Enforcement	9	= Information not Available	B	= Transferred from another Home Health Agency	C	= Readmission to Same Home Health Agency	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
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2	= Clinic																																			
4	= Transfer from a Hospital (Different Facility)																																			
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E	= Transfer from Ambulatory Surgery Center																																			
F	= Transfer from hospice and is under a hospice plan of care or enrolled in a hospice program																																			

* Required Field ** Required if present in the record

Kentucky IPOP Inpatient Data
Expanded Flat file Format Layout

Data Element	Description	Position		Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts																
		From	To																							
9* Cont.	Point of Origin / Source of Admission (cont.)									If Type of Admission / Priority (see next data element) indicates Newborn (4), Point of Origin must be one of the following: <table border="1"> <tr> <td>5</td> <td>= Born Inside the Hospital</td> </tr> <tr> <td>6</td> <td>= Born outside the hospital</td> </tr> </table>	5	= Born Inside the Hospital	6	= Born outside the hospital												
5	= Born Inside the Hospital																									
6	= Born outside the hospital																									
10*	Priority (Type) of Visit / Type of Admissions	53	53	1		X		19 (UB92), 14 (UB04)	Code indicates the priority (type) of the admission <table border="1"> <tr> <td>~</td> <td>If Priority of Visit is newborn (4), patient age must be 0 years old</td> </tr> <tr> <td>~</td> <td>Additional instructions as above</td> </tr> </table>	~	If Priority of Visit is newborn (4), patient age must be 0 years old	~	Additional instructions as above	<table border="1"> <tr> <td>1</td> <td>= Emergency</td> </tr> <tr> <td>2</td> <td>= Urgent</td> </tr> <tr> <td>3</td> <td>= Elective</td> </tr> <tr> <td>4</td> <td>= Newborn</td> </tr> <tr> <td>5</td> <td>= Trauma center</td> </tr> <tr> <td>9</td> <td>= Information not Available</td> </tr> </table> <i>No more than 1% of cases may contain 9 – Information not Available</i>	1	= Emergency	2	= Urgent	3	= Elective	4	= Newborn	5	= Trauma center	9	= Information not Available
~	If Priority of Visit is newborn (4), patient age must be 0 years old																									
~	Additional instructions as above																									
1	= Emergency																									
2	= Urgent																									
3	= Elective																									
4	= Newborn																									
5	= Trauma center																									
9	= Information not Available																									
11*	Type of Bill	54	56	3		X		4	<table border="1"> <tr> <td>~</td> <td>Submit final bills only. No interim bills accepted</td> </tr> <tr> <td>~</td> <td>XX8 bill types are not accepted by KY IPOP</td> </tr> </table>	~	Submit final bills only. No interim bills accepted	~	XX8 bill types are not accepted by KY IPOP	The only valid codes are: <table border="1"> <tr> <td>110</td> <td>= Hospital; inpatient (including Medicare Part A); non-payment/zero claim</td> </tr> <tr> <td>111</td> <td>= Hospital; inpatient (including Medicare Part A); admit through discharge claim</td> </tr> <tr> <td>121</td> <td>= Hospital; inpatient (including Medicare Part B only); admit through discharge claim</td> </tr> <tr> <td>117</td> <td>= Hospital, Inpatient (Including Medicare Part A), Replacement of Prior Claim</td> </tr> <tr> <td>180</td> <td>= Swing Bed – Non Covered Stay</td> </tr> <tr> <td>181</td> <td>= Swing Bed – Admit through</td> </tr> </table>	110	= Hospital; inpatient (including Medicare Part A); non-payment/zero claim	111	= Hospital; inpatient (including Medicare Part A); admit through discharge claim	121	= Hospital; inpatient (including Medicare Part B only); admit through discharge claim	117	= Hospital, Inpatient (Including Medicare Part A), Replacement of Prior Claim	180	= Swing Bed – Non Covered Stay	181	= Swing Bed – Admit through
~	Submit final bills only. No interim bills accepted																									
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181	= Swing Bed – Admit through																									

* Required Field ** Required if present in the record

Kentucky IPOP Inpatient Data
Expanded Flat file Format Layout

Data Element	Description	Position		Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts																				
		From	To																											
										<table border="1"> <tr><td></td><td>Discharge Claim</td></tr> <tr><td>211</td><td>= Skilled Nursing Facility – Admit through discharge claim</td></tr> <tr><td>212</td><td>= Skilled Nursing Facility – Initial Claim Only</td></tr> <tr><td>141</td><td>= Hospital Other (for hospital referenced diagnostic services or home health not under a plan of treatment); Admit through Discharge</td></tr> <tr><td>182</td><td>= Hospital Swing Bed interim-First Claim Used</td></tr> <tr><td>184</td><td>= Hospital Swing Beds Interim-Last Claim</td></tr> <tr><td>213</td><td>= Skilled Nursing Inpatient (Including Medicare Part A) Interim-Continuing Claim</td></tr> <tr><td>214</td><td>= Skilled Nursing Inpatient (Including Medicare Part A) Interim – Last Claim</td></tr> <tr><td>223</td><td>= Skilled Nursing Inpatient (Medicare Part B Only) Interim-Continuing Claims</td></tr> <tr><td>224</td><td>= Skilled Nursing Inpatient (Medicare Part B Only) Interim-Last Claim</td></tr> </table>		Discharge Claim	211	= Skilled Nursing Facility – Admit through discharge claim	212	= Skilled Nursing Facility – Initial Claim Only	141	= Hospital Other (for hospital referenced diagnostic services or home health not under a plan of treatment); Admit through Discharge	182	= Hospital Swing Bed interim-First Claim Used	184	= Hospital Swing Beds Interim-Last Claim	213	= Skilled Nursing Inpatient (Including Medicare Part A) Interim-Continuing Claim	214	= Skilled Nursing Inpatient (Including Medicare Part A) Interim – Last Claim	223	= Skilled Nursing Inpatient (Medicare Part B Only) Interim-Continuing Claims	224	= Skilled Nursing Inpatient (Medicare Part B Only) Interim-Last Claim
	Discharge Claim																													
211	= Skilled Nursing Facility – Admit through discharge claim																													
212	= Skilled Nursing Facility – Initial Claim Only																													
141	= Hospital Other (for hospital referenced diagnostic services or home health not under a plan of treatment); Admit through Discharge																													
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213	= Skilled Nursing Inpatient (Including Medicare Part A) Interim-Continuing Claim																													
214	= Skilled Nursing Inpatient (Including Medicare Part A) Interim – Last Claim																													
223	= Skilled Nursing Inpatient (Medicare Part B Only) Interim-Continuing Claims																													
224	= Skilled Nursing Inpatient (Medicare Part B Only) Interim-Last Claim																													
12*	Principal Diagnosis	57	63	7	X		L	67	Must be valid ICDE-9-CM or valid ICD-10-CM code after October 1, 2015 established after admission as responsible for inpatient/outpatient care necessity ~ Must be consistent with patient's age and gender																					

* Required Field ** Required if present in the record

Kentucky IPOP Inpatient Data
Expanded Flat file Format Layout

Data Element	Description	Position		Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts											
		From	To																		
									~ Space fill right, no decimals ~ Principal DX is V30 – V39 (with 0 as 4 th digit) admission type must be 4 Principal ICD-10-CM diagnosis is Z38 as of 10/1/2015												
13*	Present on Admission Indicator for Principal Diagnosis	64	64	1	X		L	68 (UB92), 67 (UB04)	Designates whether diagnosis was present at the time that the patient was admitted as an inpatient	<table border="1"> <tr><td>Y</td><td>= Yes</td></tr> <tr><td>N</td><td>= No</td></tr> <tr><td>W</td><td>= Clinically Undetermined</td></tr> <tr><td>U</td><td>= Information not in Record</td></tr> <tr><td>(Blank) or 1</td><td>= Exempt from POA Reporting (for specified diagnoses only)</td></tr> </table>	Y	= Yes	N	= No	W	= Clinically Undetermined	U	= Information not in Record	(Blank) or 1	= Exempt from POA Reporting (for specified diagnoses only)	
Y	= Yes																				
N	= No																				
W	= Clinically Undetermined																				
U	= Information not in Record																				
(Blank) or 1	= Exempt from POA Reporting (for specified diagnoses only)																				
14**	1 st Other Diagnosis	65	71	7	X		L	68 (UB92), 67 (UB04)	Additional condition that coexists at the time of admission, or develops during hospital stay, and has effect on the treatment provided or the length of stay ~ Up to 24 Other Diagnoses are accepted. If more exist, include only those that affect the patient’s treatment and length of stay. Avoid symptom codes. ~ Must be consistent with patient’s age and gender ~ Space fill right, no decimals	If additional room is available in the Other Diagnosis fields, after all clinical diagnoses have been entered; additional E-Codes can also be mapped to the remaining fields. As of 10/1/2015 additional External Causes of Morbidity codes can also be mapped to the remaining fields.											
15**	Present on Admission Indicator for 1 st Other Diagnosis	72	72	1	X		L	68 (UB92), 67 (UB04)	Same as element # 13	Same as element # 13											

* Required Field ** Required if present in the record

Kentucky IPOP **Inpatient** Data
Expanded Flat file Format Layout

Data Element	Description	Position		Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
		From	To							
16**	2 nd Other Diagnosis	73	79	7	X		L	69(UB92), 67 (UB04)	Same as element # 14	Same as element # 14
17**	Present on Admission Indicator for 2 nd Other Diagnosis	80	80	1	X		L	68 (UB92), 67 (UB04)	Same as element # 13	Same as element # 13
18**	3 rd Other Diagnosis	81	87	7	X		L	70 (UB92), 67 (UB04)	Same as element # 14	Same as element # 14
19**	Present on Admission Indicator for 3 rd Other Diagnosis	88	88	1	X		L	68 (UB92), 67 (UB04)	Same as element # 13	Same as element # 13
20**	4 th Other Diagnosis	89	95	7	X		L	71 (UB92), 67 (UB04)	Same as element # 14	Same as element # 14
21**	Present on Admission Indicator for 4 th Other Diagnosis	96	96	1	X		L	68 (UB92), 67 (UB04)	Same as element # 13	Same as element # 13
22**	5 th Other Diagnosis	97	103	7	X		L	72 (UB92), 67 (UB04)	Same as element # 14	Same as element # 14
23**	Present on Admission Indicator for 5 th Other Diagnosis	104	104	1	X		L	68 (UB92), 67 (UB04)	Same as element # 13	Same as element # 13

* Required Field ** Required if present in the record

Kentucky IPOP **Inpatient** Data
Expanded Flat file Format Layout

Data Element	Description	Position		Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
		From	To							
24**	6 th Other Diagnosis	105	111	7	X		L	73 (UB92), 67 (UB04)	Same as element # 14	Same as element # 14
25**	Present on Admission Indicator for 6 th Other Diagnosis	112	112	1	X		L	68 (UB92), 67 (UB04)	Same as element # 13	Same as element # 13
26**	7 th Other Diagnosis	113	119	7	X		L	74 (UB92), 67 (UB04)	Same as element # 14	Same as element # 14
27**	Present on Admission Indicator for 7 th Other Diagnosis	120	120	1	X		L	68 (UB92), 67 (UB04)	Same as element # 13	Same as element # 13
28**	8 th Other Diagnosis	121	127	7	X		L	75 (UB92), 67 (UB04)	Same as element # 14	Same as element # 14
29**	Present on Admission Indicator for 8 th Other Diagnosis	128	128	1	X		L	68 (UB92), 67 (UB04)	Same as element # 13	Same as element # 13
30	Filler	129	129	1	X				Blank Fill	
31**	1 st Position Procedure Code	130	136	7	X		L	80 (UB92), 74 (UB04)	Use procedure performed for definitive treatment, not for exploratory purposes ~ Only ICD-9-CM accepted for Inpatient prior to October 1, 2014. October 1, 2015 and forward only ICD-10-PCS codes will be accepted ~ No decimals or hyphens, space	

* Required Field ** Required if present in the record

Kentucky IPOP Inpatient Data
Expanded Flat file Format Layout

Data Element	Description	Position		Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
		From	To							
									fill right ~ Must be consistent with patient's gender	
32	Filler	137	143	7	X				Blank Fill	
33**	1 st Position Procedure Date	144	149	6		X		80 (UB92), 74 (UB04)	~ MMDDYY format ~ No hyphens or slashes ~ Procedure date cannot occur after discharge date ~ Procedure date can occur prior to the admission date, but must be within 7 days or less of the admission date	

* Required Field ** Required if present in the record

Kentucky IPOP **Inpatient** Data
Expanded Flat file Format Layout

Data Element	Description	Position		Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts	
		From	To								
34*	Patient Discharge Status	150	151	2		X		22 (UB92), 17 (UB04)	Patients status at time of discharge	01	= Discharged to home or self care (routine discharge)
										02	= Discharged/transferred to another short term general hospital for inpatient care
										03	= Discharged/transferred to SNF w/ Medicare certification in anticipation of covered skilled care
										04	= Discharged/transferred to ICF
										05	= As of 04/01/08 – Discharged/transferred to a Designated Cancer Center or Children’s Hospital Prior to 04/01/08 Discharged/transferred to another type of institution not defined elsewhere in this code list
										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 inpatient to this hospital
										10-19	= Discharge defined at state level
										20	= Expired
										21	= Discharged/transferred to

* Required Field ** Required if present in the record

Kentucky IPOP Inpatient Data
Expanded Flat file Format Layout

Data Element	Description	Position		Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
		From	To							
34* Cont.										court/law enforcement (Eff 10/01/09)
										22-29 = Expired to be defined at state level
										30 = Still patient or Expected to Return for Outpatient Services
										31-39 = Still patient defined at state level
										40 = Expired at home (Medicare, CHAMPUS claims only for hospice care)
										41 = Expired in a medical facility (Medicare, CHAMPUS claims only for hospice care)
										42 = Expired – place unknown (Medicare, CHAMPUS claims only for hospice care)
										43 = Discharged/transferred to a Federal hospital
										44-49 = Reserved for National assignment
										50 = Hospice – home
										51 = Hospice – medical facility
										52-60 = Reserved for National assignment
										61 = Discharged/transferred within this institution to hospital-based Medicare approved swing bed
										62 = Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehab distinct part units of a

* Required Field ** Required if present in the record

Kentucky IPOP **Inpatient** Data
Expanded Flat file Format Layout

Data Element	Description	Position		Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
		From	To							
										hospital
										63 = Discharged/transferred to a Medicare certified long term care hospital (LTCH)
										64 = Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare
										65 = Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital
										66 = Discharged/transferred to a Critical Access Hospital (CAH) (Effective 01/01/06)
										67-68 = Reserved for National assignment
										69 = Discharge transferred to a designated disaster alternate care
										70 = Discharged/transferred to another Type of Health Care Institution not defined elsewhere in this code list Eff. 04/01/08
										73-81 = Reserved for National assignment
										81 = Discharged to Home or Self Care with a Planned Acute Care Hospital IP Readmission
										82 = Discharged/Transferred to a Short Term General Hospital for IP Care with a

* Required Field ** Required if present in the record

Kentucky IPOP Inpatient Data
Expanded Flat file Format Layout

Data Element	Description	Position		Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
		From	To							
										Planned Acute Care Hospital IP Readmission
										83 = Discharge/Transferred to a SNF with Medicare Certification with a Planned Acute Care Hospital IP Readmission
										84 = Discharged/Transferred to Facility that Provides Custodial or Supportive Care with a Planned Acute Care Hospital IP Readmission
										85 = Discharged/Transferred to a Designated Cancer Center or Children's Hospital with a Planned Acute Care Hospital IP Readmission
										86 = Discharged/Transferred to Home Under Care of Organized Home Health Organization with Planned Acute Care Hospital IP Readmission
										87 = Discharged/Transferred to Court/Law Enforcement with a Planned Acute Care Hospital IP Readmission
										88 = Discharged/Transferred to a Federal Health Care Facility with a Planned Acute Hospital IP Readmission
										89 = Discharged/Transferred to a Hospital-based Medicare Approved Swing Bed with a Planned Acute Care Hospital

* Required Field ** Required if present in the record

Kentucky IPOP Inpatient Data
Expanded Flat file Format Layout

Data Element	Description	Position		Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
		From	To							
										IP Readmission
										90 = Discharged/Transferred to an IRF including Rehabilitation Distinct Part of a Hospital with a Planned Acute Care Hospital IP Readmission
										91 = Discharged/Transferred to a Medicare Certified Long Term Care Hospital (LTCH) with a Planned Acute Care Hospital IP Readmission
										92 = Discharged/Transferred to Nursing Facility Certified by Medicaid but not Certified by Medicare with Planned Acute Care Hosp IP Readmission
										93 =Discharged/Transferred to Psychiatric Hospital or Psychiatric Distinct Part of a Hospital with a Planned Acute Care Hosp IP Readmission
										94 = Discharged/Transferred to a Critical Access Hospital (CAH) with a Planned Acute Care Hospital IP Readmission
										95 = Discharged/Transferred to Another Type of Health Care Institution not Defined in this Code List with a Planned Acute Care Hosp IP Readmission

* Required Field ** Required if present in the record

Kentucky IPOP Inpatient Data
Expanded Flat file Format Layout

Data Element	Description	Position		Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts										
		From	To																	
35**	1 st Other Procedure Code	152	158	7	X		L	81 (UB92), 74 (UB04)	Additional procedure performed other than 1 st Position procedure <table border="1" style="width: 100%;"> <tr> <td style="width: 20px;">~</td> <td>Must be consistent with patient's gender</td> </tr> <tr> <td>~</td> <td>Space fill right, no decimals or hyphens</td> </tr> </table>	~	Must be consistent with patient's gender	~	Space fill right, no decimals or hyphens	Up to 24 Other Procedure Codes are allowed. Same instructions as for element #31						
~	Must be consistent with patient's gender																			
~	Space fill right, no decimals or hyphens																			
36	Filler	159	165	7	X				Blank Fill											
37**	1 st Other Procedure Date	166	171	6		X		81 (UB92), 74 (UB04)	<table border="1" style="width: 100%;"> <tr> <td style="width: 20px;">~</td> <td>MMDDYY format</td> </tr> <tr> <td>~</td> <td>No hyphens or slashes</td> </tr> <tr> <td>~</td> <td>Cannot occur after discharge date</td> </tr> <tr> <td>~</td> <td>Procedure date can occur prior to the admission date, but must be within 7 days or less of the admission date</td> </tr> <tr> <td>~</td> <td>Required if corresponding procedure is recorded</td> </tr> </table>	~	MMDDYY format	~	No hyphens or slashes	~	Cannot occur after discharge date	~	Procedure date can occur prior to the admission date, but must be within 7 days or less of the admission date	~	Required if corresponding procedure is recorded	Same instructions as for element #33
~	MMDDYY format																			
~	No hyphens or slashes																			
~	Cannot occur after discharge date																			
~	Procedure date can occur prior to the admission date, but must be within 7 days or less of the admission date																			
~	Required if corresponding procedure is recorded																			
38**	2 nd Other Procedure Code	172	178	7	X		L	81 (UB92), 74 (UB04)	Same as element #35											
39	Filler	179	185	7	X				Blank Fill											
40**	2 nd Other Procedure Date	186	191	6		X		81 (UB92), 74 (UB04)	Same as element #37											
41**	3 rd Other Procedure Code	192	198	7	X		L	81 (UB92), 74 (UB04)	Same as element #35											
42	Filler	199	205	7	X				Blank Fill											
43**	3 rd Other Procedure Date	206	211	6		X		81 (UB92),	Same as element #37											

* Required Field ** Required if present in the record

Kentucky IPOP Inpatient Data
Expanded Flat file Format Layout

Data Element	Description	Position		Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts						
		From	To													
								74 (UB04)								
44**	4 th Other Procedure Code	212	218	7	X		L	81 (UB92), 74 (UB04)	Same as element #35							
45	Filler	219	225	7	X				Blank Fill							
46**	4 th Other Procedure Date	226	231	6		X		81 (UB92), 74 (UB04)	Same as element #37							
47**	5 th Other Procedure Code	232	238	7	X		L	81 (UB92), 74 (UB04)	Same as element #35							
48	Filler	239	245	7	X				Blank Fill							
49**	5 th Other Procedure Date	246	251	6		X		81 (UB92), 74 (UB04)	Same as element #37							
50*	1 st Revenue Code	252	255	4		X	R	42	<p>Identifies an accommodation, ancillary service, or billing calculation</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 20px; text-align: center;">~</td> <td>Right justify, zero fill left</td> </tr> <tr> <td style="width: 20px; text-align: center;">~</td> <td>Report any applicable Revenue Codes appearing on the patient case</td> </tr> <tr> <td style="width: 20px; text-align: center;">~</td> <td>Room and Board charges must be reported for inpatient cases</td> </tr> </table>	~	Right justify, zero fill left	~	Report any applicable Revenue Codes appearing on the patient case	~	Room and Board charges must be reported for inpatient cases	<p>If a patient has more than 22 revenue codes, fill all 22 current record, and do not enter code 0001 on current record. Make additional records for the patient, duplicating all other data elements, and continue to list revenue codes. Use 0001 only after all revenue codes have been listed, in the 23rd Revenue Code field of the last page, no matter how many records have to be created for completion. Revenue code 0001, Total Charges for the Patient, should be used only once per patient case, in the 23rd Revenue Code field. See element #116.</p>
~	Right justify, zero fill left															
~	Report any applicable Revenue Codes appearing on the patient case															
~	Room and Board charges must be reported for inpatient cases															

* Required Field ** Required if present in the record

Kentucky IPOP Inpatient Data
Expanded Flat file Format Layout

Data Element	Description	Position		Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts																
		From	To																							
51*	Units of Service	256	262	7		X	R	46	A quantitative measure of services rendered by revenue code <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>~</td><td>Right justify, zero fill left</td></tr> <tr><td>~</td><td>Length of stay must be = or +/- one day of the room and board revenue code units. This accommodates the various ways in which hospitals report admission dates in light of observation or ER stays</td></tr> <tr><td>~</td><td>Required if corresponding revenue code is recorded</td></tr> </table>	~	Right justify, zero fill left	~	Length of stay must be = or +/- one day of the room and board revenue code units. This accommodates the various ways in which hospitals report admission dates in light of observation or ER stays	~	Required if corresponding revenue code is recorded											
~	Right justify, zero fill left																									
~	Length of stay must be = or +/- one day of the room and board revenue code units. This accommodates the various ways in which hospitals report admission dates in light of observation or ER stays																									
~	Required if corresponding revenue code is recorded																									
52*	Charges	263	272	10		X	R	47	Total charges for the corresponding revenue code <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>~</td><td>The sum of all charges minus the total charges must = the total charges for revenue code 0001</td></tr> <tr><td>~</td><td>The sum of all charges must be positive</td></tr> <tr><td>~</td><td>Right justify, zero fill left</td></tr> </table>	~	The sum of all charges minus the total charges must = the total charges for revenue code 0001	~	The sum of all charges must be positive	~	Right justify, zero fill left	Programming notes: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>~</td><td>Programming Format: S9(8)V99</td></tr> <tr><td>~</td><td>Signed fields are unpacked, signed, right justified, zero filled to left</td></tr> <tr><td>~</td><td>When including sign, use zoned decimal representation See Appendix A for Zoned Decimal Representation Table</td></tr> <tr><td>~</td><td>May be negative (credit)</td></tr> <tr><td>~</td><td>Charge fields have an assumed decimal with 2 positions to the right for cents</td></tr> </table>	~	Programming Format: S9(8)V99	~	Signed fields are unpacked, signed, right justified, zero filled to left	~	When including sign, use zoned decimal representation See Appendix A for Zoned Decimal Representation Table	~	May be negative (credit)	~	Charge fields have an assumed decimal with 2 positions to the right for cents
~	The sum of all charges minus the total charges must = the total charges for revenue code 0001																									
~	The sum of all charges must be positive																									
~	Right justify, zero fill left																									
~	Programming Format: S9(8)V99																									
~	Signed fields are unpacked, signed, right justified, zero filled to left																									
~	When including sign, use zoned decimal representation See Appendix A for Zoned Decimal Representation Table																									
~	May be negative (credit)																									
~	Charge fields have an assumed decimal with 2 positions to the right for cents																									
53**	2 nd Revenue Code	273	276	4		X	R	42	Same as element #50																	
54**	Units of Service	277	283	7		X	R	46	Same as element #51																	
55**	Charges	284	293	10		X	R	47	Same as element #52																	
56**	3 rd Revenue Code	294	297	4		X	R	42	Same as element #50																	
57**	Units of Service	298	304	7		X	R	46	Same as element #51																	
58**	Charges	305	314	10		X	R	47	Same as element #52																	

* Required Field ** Required if present in the record

Kentucky IPOP Inpatient Data
Expanded Flat file Format Layout

Data Element	Description	Position		Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
		From	To							
59**	4 th Revenue Code	315	318	4		X	R	42	Same as element #50	
60**	Units of Service	319	325	7		X	R	46	Same as element #51	
61**	Charges	326	335	10		X	R	47	Same as element #52	
62**	5 th Revenue Code	336	339	4		X	R	42	Same as element #50	
63**	Units of Service	340	346	7		X	R	46	Same as element #51	
64**	Charges	347	356	10		X	R	47	Same as element #52	
65**	6 th Revenue Code	357	360	4		X	R	42	Same as element #50	
66**	Units of Service	361	367	7		X	R	46	Same as element #51	
67**	Charges	368	377	10		X	R	47	Same as element #52	
68**	7 th Revenue Code	378	381	4		X	R	42	Same as element #50	
69**	Units of Service	382	388	7		X	R	46	Same as element #51	
70**	Charges	389	398	10		X	R	47	Same as element #52	
71**	8 th Revenue Code	399	402	4		X	R	42	Same as element #50	
72**	Units of Service	403	409	7		X	R	46	Same as element #51	
73**	Charges	410	419	10		X	R	47	Same as element #52	
74**	9 th Revenue Code	420	423	4		X	R	42	Same as element #50	
75**	Units of Service	424	430	7		X	R	46	Same as element #51	
76**	Charges	431	440	10		X	R	47	Same as element #52	
77**	10 th Revenue Code	441	444	4		X	R	42	Same as element #50	
78**	Units of Service	445	451	7		X	R	46	Same as element #51	
79**	Charges	452	461	10		X	R	47	Same as element #52	
80**	11 th Revenue Code	462	465	4		X	R	42	Same as element #50	
81**	Units of Service	466	472	7		X	R	46	Same as element #51	
82**	Charges	473	482	10		X	R	47	Same as element #52	
83**	12 th Revenue Code	483	486	4		X	R	42	Same as element #50	
84**	Units of Service	487	493	7		X	R	46	Same as element #51	

* Required Field ** Required if present in the record

Kentucky IPOP Inpatient Data
Expanded Flat file Format Layout

Data Element	Description	Position		Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
		From	To							
85**	Charges	494	503	10		X	R	47	Same as element #52	
86**	13 th Revenue Code	504	507	4		X	R	42	Same as element #50	
87**	Units of Service	508	514	7		X	R	46	Same as element #51	
88**	Charges	515	524	10		X	R	47	Same as element #52	
89**	14 th Revenue Code	525	528	4		X	R	42	Same as element #50	
90**	Units of Service	529	535	7		X	R	46	Same as element #51	
91**	Charges	536	545	10		X	R	47	Same as element #52	
92**	15 th Revenue Code	546	549	4		X	R	42	Same as element #50	
93**	Units of Service	550	556	7		X	R	46	Same as element #51	
94**	Charges	557	566	10		X	R	47	Same as element #52	
95**	16 th Revenue Code	567	570	4		X	R	42	Same as element #50	
96**	Units of Service	571	577	7		X	R	46	Same as element #51	
97**	Charges	578	587	10		X	R	47	Same as element #52	
98**	17 th Revenue Code	588	591	4		X	R	42	Same as element #50	
99**	Units of Service	592	598	7		X	R	46	Same as element #51	
100**	Charges	599	608	10		X	R	47	Same as element #52	
101**	18 th Revenue Code	609	612	4		X	R	42	Same as element #50	
102**	Units of Service	613	619	7		X	R	46	Same as element #51	
103**	Charges	620	629	10		X	R	47	Same as element #52	
104**	19 th Revenue Code	630	633	4		X	R	42	Same as element #50	
105**	Units of Service	634	640	7		X	R	46	Same as element #51	
106**	Charges	641	650	10		X	R	47	Same as element #52	
107**	20 th Revenue Code	651	654	4		X	R	42	Same as element #50	

* Required Field ** Required if present in the record

Kentucky IPOP Inpatient Data
Expanded Flat file Format Layout

Data Element	Description	Position		Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts				
		From	To											
108**	Units of Service	655	661	7		X	R	46	Same as element #51					
109**	Charges	662	671	10		X	R	47	Same as element #52					
110**	21 st Revenue Code	672	675	4		X	R	42	Same as element #50					
111**	Units of Service	676	682	7		X	R	46	Same as element #51					
112**	Charges	683	692	10		X	R	47	Same as element #52					
113**	22 nd Revenue Code	693	696	4		X	R	42	Same as element #50					
114**	Units of Service	697	703	7		X	R	46	Same as element #51					
115**	Charges	704	713	10		X	R	47	Same as element #52					
116*	23 rd Revenue Code (Total Charges for the Patient)	714	717	4		X	R	47 (UB04)	The only allowed revenue code entry for this field is 0001. Total Charges for the Patient. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">~</td> <td>Use 0001 only on the last page of the record, as the very last revenue code</td> </tr> <tr> <td style="width: 20px; text-align: center;">~</td> <td>This field should be empty for all other pages of the patient record</td> </tr> </table>	~	Use 0001 only on the last page of the record, as the very last revenue code	~	This field should be empty for all other pages of the patient record	For empty pages, acceptable entries are: blank spaces; or zeros filled left. Right justify
~	Use 0001 only on the last page of the record, as the very last revenue code													
~	This field should be empty for all other pages of the patient record													
117	Filler	718	724	7	X				Blank Fill					
118*	Charges	725	734	10		X	R	47 (UB04)	Report ONLY the Total Charges for the patient in this field, on the very last page of the patient record	Use only when 0001 is reported in element #116				
119*	Page Number	735	738	4		X	R	47 (UB04)	For every page of a record, this field must be used to designate the incrementing page count and total number of pages for the claim.	Code this field using 2 digits for the incremental page number and 2 digits for the total number of pages. For example, page 2 of 6 = 0206				
120*	Attending Clinician ID # (NPI)	739	748	10	X		L	82 (UB92), 76 (UB04)	Identifies attending clinician, who is expected to certify/recertify the medical necessity of the services rendered and/or who has primary responsibility for the patient's medical					

* Required Field ** Required if present in the record

Kentucky IPOP Inpatient Data
Expanded Flat file Format Layout

Data Element	Description	Position From	Position To	Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
									care and treatment ~ Enter clinician's NPI number ~ State license number or UPIN are no longer accepted ~ Blank fill right	
121*	Patient's Primary Phone Number	749	760	12	X				Patient's Primary Phone Number. Do not include a leading 1. Do include area code. No dashes or parenthesis. For patients who do not have a primary phone number please use 1011234567	e.g. 5555555555 For patients who do not have a primary phone number please use 1011234567
122*	Patient Control Number / ID #	761	780	20	X		L	3	Uniquely identifies each patient ~ Blank fill right	
123	1 st Insur Group #	781	797	17	X		L	62a	The ID#, control# or code assigned by the insurance carrier or plan administrator to identify the group under which the individual is covered ~ Space fill right ~ Recorded only if corresponding payer ID# is present	
124	2 nd Insur Group #	798	814	17	X		L	62b	As above	
125	3 rd Insur Group #	815	831	17	X		L	62c	As above	
126**	Primary Care Physician NPI Number	832	841	10	X		L	83a (UB92), 78-79 (UB04)	ID# of the primary care clinician of the patient ~ Enter clinician's NPI ~ UPIN no longer accepted ~ Space fill right	
127**	Referring Clinician NPI Number	842	851	10	X		L	83b (UB92), 78-79 (UB04)	ID# of the referring clinician Instructions as above.	

* Required Field ** Required if present in the record

Kentucky IPOP Inpatient Data
Expanded Flat file Format Layout

Data Element	Description	Position		Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts				
		From	To											
128	Filler	852	858	7	X				Blank fill					
129*	ICD Diagnosis Code Version Qualifier	859	859	1		X	L	69 (UB92), 66 (UB04)	The qualifier code value for the version of International Classification of Diseases being used by the hospital	<table border="1"> <tr> <td>9</td> <td>= ICD-9 Version</td> </tr> <tr> <td>0</td> <td>ICD-10 Version effective 10/1/2015</td> </tr> </table>	9	= ICD-9 Version	0	ICD-10 Version effective 10/1/2015
9	= ICD-9 Version													
0	ICD-10 Version effective 10/1/2015													
130**	9 th Other Diagnostic Code	860	866	7	X		L	67 (UB04)	Same as element #14	Same as element #14				
131**	Present on Admission Indicator for 9 th Other Diagnosis	867	867	1	X		L	68 (UB92), 67 (UB04)	Same as element #13	Same as element #13				
132**	10 th Other Diagnostic Code	868	874	7	X		L	67 (UB04)	Same as element #14	Same as element #14				
133**	Present on Admission Indicator for 10 th Other Diagnosis	875	875	1	X		L	68 (UB92), 67 (UB04)	Same as element #13	Same as element #13				
134**	11 th Other Diagnosis Code	876	882	7	X		L	67 (UB04)	Same as element #14	Same as element #14				
135**	Present on Admission Indicator for 11 th Other Diagnosis	883	883	1	X		L	68 (UB92), 67 (UB04)	Same as element #13	Same as element #13				
136**	12 th Diagnosis Code	884	890	7	X		L	67 (UB04)	Same as element #14	Same as element #14				
137**	Present on Admission Indicator for 12 th Other Diagnosis	891	891	1	X		L	68 (UB92), 67 (UB04)	Same as element #13	Same as element #13				
138**	13 th Other Diagnosis Code	892	898	7	X		L	67 (UB04)	Same as element #14	Same as element #14				
139**	Present on Admission Indicator for 13 th	899	899	1	X		L	68 (UB92), 67	Same as element #13	Same as element #13				

* Required Field ** Required if present in the record

Kentucky IPOP Inpatient Data
Expanded Flat file Format Layout

Data Element	Description	Position		Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
		From	To							
	Other Diagnosis							(UB04)		
140**	14 th Other Diagnosis Code	900	906	7	X		L	67 (UB04)	Same as element #14	Same as element #14
141**	Present on Admission Indicator for 14 th Other Diagnosis	907	907	1	X		L	68 (UB92), 67 (UB04)	Same as element #13	Same as element #13
142**	15 th Other Diagnosis Code	908	914	7	X		L	67 (UB04)	Same as element #14	Same as element #14
143**	Present on Admission Indicator for 15 th Other Diagnosis	915	915	1	X		L	68 (UB92), 67 (UB04)	Same as element #13	Same as element #13
144**	16 th Other Diagnosis Code	916	922	7	X		L	67 (UB04)	Same as element #14	Same as element #14
145**	Present on Admission Indicator for 16 th Other Diagnosis	923	923	1	X		L	68 (UB92), 67 (UB04)	Same as element #13	Same as element #13
146**	17 th Other Diagnosis Code	924	930	7	X		L	67 (UB04)	Same as element #14	Same as element #14
147**	Present on Admission Indicator for 17 th Other Diagnosis	931	931	1	X		L	68 (UB92), 67 (UB04)	Same as element #13	Same as element #13
148**	18 th Other Diagnosis Code	932	938	7	X		L	67 (UB04)	Same as element #14	Same as element #14
149**	Present on Admission Indicator for 18 th Other Diagnosis	939	939	1	X		L	68 (UB92), 67 (UB04)	Same as element #13	Same as element #13
150**	19 th Other Diagnosis Code	940	946	7	X		L	67 (UB04)	Same as element #14	Same as element #14
151**	Present on	947	947	1	X		L	68	Same as element #13	Same as element #13

* Required Field ** Required if present in the record

Kentucky IPOP Inpatient Data
Expanded Flat file Format Layout

Data Element	Description	Position		Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
		From	To							
	Admission Indicator for 19 th Other Diagnosis							(UB92), 67 (UB04)		
152**	20 th Other Diagnosis Code	948	954	7	X		L	67 (UB04)	Same as element #14	Same as element #14
153**	Present on Admission Indicator for 20 th Other Diagnosis	955	955	1	X		L	68 (UB92), 67 (UB04)	Same as element #13	Same as element #13
154**	21 th Other Diagnosis Code	956	962	7	X		L	67 (UB04)	Same as element #14	Same as element #14
155**	Present on Admission Indicator for 21 th Other Diagnosis	963	963	1	X		L	68 (UB92), 67 (UB04)	Same as element #13	Same as element #13
156**	22 th Other Diagnosis Code	964	970	7	X		L	67 (UB04)	Same as element #14	Same as element #14
157**	Present on Admission Indicator for 22 th Other Diagnosis	971	971	1	X		L	68 (UB92), 67 (UB04)	Same as element #13	Same as element #13
158**	23 th Other Diagnosis Code	972	978	7	X		L	67 (UB04)	Same as element #14	Same as element #14
159**	Present on Admission Indicator for 23 th Other Diagnosis	979	979	1	X		L	68 (UB92), 67 (UB04)	Same as element #13	Same as element #13
160**	24 th Other Diagnosis Code	980	986	7	X		L	67 (UB04)	Same as element #14	Same as element #14
161**	Present on Admission Indicator for 24 th Other Diagnosis	987	987	1	X		L	68 (UB92), 67 (UB04)	Same as element #13	Same as element #13

* Required Field ** Required if present in the record

Kentucky IPOP Inpatient Data
Expanded Flat file Format Layout

Data Element	Description	Position		Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
		From	To							
162**	1 ST E-Code (ICD-9-CM code) External Causes of Morbidity Code (ICD-10-CM as of 10/1/2015)	988	994	7	X		L	67a (UB92), 72 (UB04)	ICD External Cause of Injury (ECI) code to designate causative event of condition or injury As of 10/1/2015 ICD-10-CM External Causes of Morbidity codes will be accepted. ~ Must be consistent with patient's age and gender ~ Must be valid ICD E-Code for discharge date As of 10/1/2015 must be a valid ICD-10-CM External Cause of Morbidity code ~ Space fill right ~ No decimals	
163**	Present on Admission Indicator for 1 st E-Code As of 10/1/2015 Present on Admission Indicator for 1 st External Cause of Morbidity Code	995	995	1	X		L	68 (UB92), 67 (UB04)	Same as element #13	Same as element #13
164**	2 nd E-Code (ICD-9-CM code) External Causes of Morbidity Code (ICD-10-CM as of 10/1/2015)	996	1002	7	X		L	67b (UB92), 72 (UB04)	Same as element #162	
165**	Present on Admission Indicator for 2 nd	1003	1003	1	X		L	68 (UB92), 67	Same as element #13	Same as element #13

* Required Field ** Required if present in the record

Kentucky IPOP Inpatient Data
Expanded Flat file Format Layout

Data Element	Description	Position		Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
		From	To							
	E-Code As of 10/1/2015 Present on Admission Indicator for 2nd External Cause of Morbidity Code							(UB04)		
166**	3 rd E-Code (ICD-9-CM code) External Causes of Morbidity Code (ICD-10-CM as of 10/1/2015)	1004	1010	7	X		L	67b (UB92), 72 (UB04)	Same as element #162	
167**	Present on Admission Indicator for 3 rd E-Code As of 10/1/2015 Present on Admission Indicator for 3rd External Cause of Morbidity Code	1011	1011	1	X		L	68 (UB92), 67 (UB04)	Same as element #13	Same as element #13
168**	6 th Other Procedure Code	1012	1018	7	X		L	81 (UB92), 74 (UB04)	Same as element #35	
169	Filler	1019	1025	7	X				Blank fill	
170**	6 th Other Procedure Date	1026	1031	6		X		81 (UB92), 74 (UB04)	Same as element #37	
171**	7 th Other	1032	1038	7	X		L	81	Same as element #35	

* Required Field ** Required if present in the record

Kentucky IPOP Inpatient Data
Expanded Flat file Format Layout

Data Element	Description	Position		Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
		From	To							
	Procedure Code							(UB92), 74 (UB04)		
172	Filler	1039	1045	7	X				Blank fill	
173**	7 th Other Procedure Date	1046	1051	6		X		81 (UB92), 74 (UB04)	Same as element #37	
174**	8 th Other Procedure Code	1052	1058	7	X		L	81 (UB92), 74 (UB04)	Same as element #35	
175	Filler	1059	1065	7	X				Blank fill	
176**	8 th Other Procedure Date	1066	1071	6		X		81 (UB92), 74 (UB04)	Same as element #37	
177**	9 th Other Procedure Code	1072	1078	7	X		L	81 (UB92), 74 (UB04)	Same as element #35	
178	Filler	1079	1085	7	X				Blank fill	
179**	9 th Other Procedure Date	1086	1091	6		X		81 (UB92), 74 (UB04)	Same as element #37	
180**	10 th Other Procedure Code	1092	1098	7	X		L	81 (UB92), 74 (UB04)	Same as element #35	
181	Filler	1099	1105	7	X				Blank fill	
182**	10 th Other Procedure Date	1106	1111	6		X		81 (UB92), 74	Same as element #37	

* Required Field ** Required if present in the record

Kentucky IPOP Inpatient Data
Expanded Flat file Format Layout

Data Element	Description	Position		Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
		From	To							
								(UB04)		
183**	11 th Other Procedure Code	1112	1118	7	X		L	81 (UB92), 74 (UB04)	Same as element #35	
184	Filler	1119	1125	7	X				Blank fill	
185**	11 th Other Procedure Date	1126	1131	6		X		81 (UB92), 74 (UB04)	Same as element #37	
186**	12 th Other Procedure Code	1132	1138	7	X		L	81 (UB92), 74 (UB04)	Same as element #35	
187	Filler	1139	1145	7	X				Blank fill	
188**	12 th Other Procedure Date	1146	1151	6		X		81 (UB92), 74 (UB04)	Same as element #37	
189**	13 th Other Procedure Code	1152	1158	7	X		L	81 (UB92), 74 (UB04)	Same as element #35	
190	Filler	1159	1165	7	X				Blank fill	
191**	13 th Other Procedure Date	1166	1171	6		X		81 (UB92), 74 (UB04)	Same as element #37	
192**	14 th Other Procedure Code	1172	1178	7	X		L	81 (UB92), 74	Same as element #35	

* Required Field ** Required if present in the record

Kentucky IPOP Inpatient Data
Expanded Flat file Format Layout

Data Element	Description	Position		Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
		From	To							
								(UB04)		
193	Filler	1179	1185	7	X				Blank fill	
194**	14 th Other Procedure Date	1186	1191	6		X		81 (UB92), 74 (UB04)	Same as element #37	
195**	15 th Other Procedure Code	1192	1198	7	X		L	81 (UB92), 74 (UB04)	Same as element #35	
196	Filler	1199	1205	7	X				Blank fill	
197**	15 th Other Procedure Date	1206	1211	6		X		81 (UB92), 74 (UB04)	Same as element #37	
198**	16 th Other Procedure Code	1212	1218	7	X		L	81 (UB92), 74 (UB04)	Same as element #35	
199	Filler	1219	1225	7	X				Blank fill	
200**	16 th Other Procedure Date	1226	1231	6		X		81 (UB92), 74 (UB04)	Same as element #37	
201**	17 th Other Procedure Code	1232	1238	7	X		L	81 (UB92), 74 (UB04)	Same as element #35	
202	Filler	1239	1245	7	X				Blank fill	
203**	17 th Other Procedure Date	1246	1251	6		X		81 (UB92), 74 (UB04)	Same as element #37	

* Required Field ** Required if present in the record

Kentucky IPOP Inpatient Data
Expanded Flat file Format Layout

Data Element	Description	Position		Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
		From	To							
204**	18 th Other Procedure Code	1252	1258	7	X		L	81 (UB92), 74 (UB04)	Same as element #35	
205	Filler	1259	1265	7	X				Blank fill	
206**	18 th Other Procedure Date	1266	1271	6		X		81 (UB92), 74 (UB04)	Same as element #37	
207**	19 th Other Procedure Code	1272	1278	7	X		L	81 (UB92), 74 (UB04)	Same as element #35	
208	Filler	1279	1285	7	X				Blank fill	
209**	19 th Other Procedure Date	1286	1291	6		X		81 (UB92), 74 (UB04)	Same as element #37	
210**	20 th Other Procedure Code	1292	1298	7	X		L	81 (UB92), 74 (UB04)	Same as element #35	
211	Filler	1299	1305	7	X				Blank fill	
212**	20 th Other Procedure Date	1306	1311	6		X		81 (UB92), 74 (UB04)	Same as element #37	
213**	21 st Other Procedure Code	1312	1318	7	X		L	81 (UB92), 74 (UB04)	Same as element #35	

* Required Field ** Required if present in the record

Kentucky IPOP Inpatient Data
Expanded Flat file Format Layout

Data Element	Description	Position		Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
		From	To							
214	Filler	1319	1325	7	X				Blank fill	
215**	21 st Other Procedure Date	1326	1331	6		X		81 (UB92), 74 (UB04)	Same as element #37	
216**	22 nd Other Procedure Code	1332	1338	7	X		L	81 (UB92), 74 (UB04)	Same as element #35	
217	Filler	1339	1345	7	X				Blank fill	
218**	22 nd Other Procedure Date	1346	1351	6		X		81 (UB92), 74 (UB04)	Same as element #37	
219**	23 rd Other Procedure Code	1352	1358	7	X		L	81 (UB92), 74 (UB04)	Same as element #35	
220	Filler	1359	1365	7	X				Blank fill	
221**	23 rd Other Procedure Date	1366	1371	6		X		81 (UB92), 74 (UB04)	Same as element #37	
222**	24 th Other Procedure Code	1372	1378	7	X		L	81 (UB92), 74 (UB04)	Same as element #35	
223	Filler	1379	1385	7	X				Blank fill	

* Required Field ** Required if present in the record

Kentucky IPOP Inpatient Data
Expanded Flat file Format Layout

Data Element	Description	Position		Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts						
		From	To													
224**	24 th Other Procedure Date	1386	1391	6		X		81 (UB92), 74 (UB04)	Same as element #37							
225**	Operating Clinician ID Number / NPI	1392	1402	11	X		L	77 (UB04)	ID# of the individual with the primary responsibility for performing the surgical procedure(s). Required for inpatient if the record qualifies as a surgical record <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">~</td> <td>Enter clinician's NPI number</td> </tr> <tr> <td style="width: 20px; text-align: center;">~</td> <td>State license number or UPIN are no longer accepted</td> </tr> <tr> <td style="width: 20px; text-align: center;">~</td> <td>Space fill right</td> </tr> </table>	~	Enter clinician's NPI number	~	State license number or UPIN are no longer accepted	~	Space fill right	
~	Enter clinician's NPI number															
~	State license number or UPIN are no longer accepted															
~	Space fill right															
226*	Billing Provider Facility NPI (Facility Specific NPI or NPI Sub-ID)	1403	1417	15	X		L	1 (UB92), 56 (UB04)	The NPI assigned to the provider submitting the bill. Submit the FACILITY SPECIFIC NPI or NPI subpart on each patient record. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">~</td> <td>Space fill right</td> </tr> </table>	~	Space fill right					
~	Space fill right															
227	Filler	1418	1432	15	X				Blank fill							
228**	Other Provider Identifier	1433	1447	15	X		L		Field to be used to submit facility's current Provider Data Collection ID#, until NPI or NPI subpart is assigned							
229	Filler	1448	1522	75	X				Blank fill							

* Required Field ** Required if present in the record

Kentucky IPOP Inpatient Data
Expanded Flat file Format Layout

Data Element	Description	Position		Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts												
		From	To																			
230*	Statement Covers Period	1523	1534	12		X	R	06 (UB04)	From and Through dates (beginning and ending dates) of patient care. Discharge date will be derived from the "through date" ~ MMDDYY format													
231*	Primary Payer Name	1535	1557	23	X		L	50a (UB04)	Name of the Primary Payer source for the patient ~ Space fill right													
232**	Secondary Payer Name	1558	1580	23	X		L	50b (UB04)	Name of the Secondary Payer source for the patient ~ Space fill right													
233**	Tertiary Payer Name	1581	1603	23	X		L	50c (UB04)	Name of the Tertiary Payer source for the patient ~ Space fill right													
234	Filler	1604	1606	3	X				Blank fill													
235*	Race	1607	1608	2	X				2 digit code designating patient's race, reported according to official OMB categories. ~ Must have one of the two digit code values to the right ~ Latino patients should be classified using a Race code to the right, used in conjunction with the appropriate Ethnicity code below	<table border="1"> <tr><td>R1</td><td>= American Indian or Alaska Native</td></tr> <tr><td>R2</td><td>= Asian</td></tr> <tr><td>R3</td><td>= Black or African American</td></tr> <tr><td>R4</td><td>= Native Hawaiian or Pacific Islander</td></tr> <tr><td>R5</td><td>= White</td></tr> <tr><td>R9</td><td>= Other</td></tr> </table> <p><i>No more than 3% of cases may contain R9 - Other</i></p>	R1	= American Indian or Alaska Native	R2	= Asian	R3	= Black or African American	R4	= Native Hawaiian or Pacific Islander	R5	= White	R9	= Other
R1	= American Indian or Alaska Native																					
R2	= Asian																					
R3	= Black or African American																					
R4	= Native Hawaiian or Pacific Islander																					
R5	= White																					
R9	= Other																					
236*	Ethnicity	1609	1610	2	X				2 digit code designating patient's ethnic background, reported according to official OMB categories. ~ Must have one of the two digit code values to the right	<table border="1"> <tr><td>E1</td><td>= Hispanic or Latino Ethnicity</td></tr> <tr><td>E2</td><td>= Non Hispanic or Latino Ethnicity</td></tr> </table>	E1	= Hispanic or Latino Ethnicity	E2	= Non Hispanic or Latino Ethnicity								
E1	= Hispanic or Latino Ethnicity																					
E2	= Non Hispanic or Latino Ethnicity																					
237	Filler	1611	1612	2	X				Blank fill													

* Required Field ** Required if present in the record

Kentucky IPOP Inpatient Data
Expanded Flat file Format Layout

Data Element	Description	Position		Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts				
		From	To											
238	Filler	1613	1614	2	X				Blank fill					
239*	Admitting Diagnosis	1615	1621	7	X		L	69 (UB04)	<p>Must be valid ICD-9-CM diagnosis code or after October 1, 2015 a valid ICD-10-CM code describing the patient's diagnosis at time of inpatient admission.</p> <table border="1"> <tr> <td>~</td> <td>Must be consistent with patient's age and gender</td> </tr> <tr> <td>~</td> <td>Space fill right, no decimals</td> </tr> </table>	~	Must be consistent with patient's age and gender	~	Space fill right, no decimals	
~	Must be consistent with patient's age and gender													
~	Space fill right, no decimals													
240	Filler	1622	1623	2	X				Blank fill					
241	Filler	1624	1629	6	X				Blank fill					
242	Filler	1630	1635	6	X				Blank fill					
243**	Do Not Resuscitate Order (DNR)	1636	1637	2	X			18-28 (UB04)	<p>Condition code designating whether the patient has a signed order to not resuscitate.</p> <table border="1"> <tr> <td>~</td> <td>Only 1 code is acceptable, noted to the right.</td> </tr> </table>	~	Only 1 code is acceptable, noted to the right.	Condition Code = P1 (Code indicates that a DNR order was written at the time of or within the first 24 hours of the patient's admission to the hospital and is clearly documented in the patient's medical record. For public health reporting only.)		
~	Only 1 code is acceptable, noted to the right.													
244	Filler	1638	1639	2	X				Blank fill					
245	Filler	1640	1641	2	X				Blank fill					
246	Filler	1642	1643	2	X				Blank fill					
247	Filler	1644	1649	6	X				Blank fill					
248	Filler	1650	1651	2	X				Blank fill					
249	Filler	1652	1657	6	X				Blank fill					
250**	Newborn Birth weight in Grams: Value Amount	1658	1659	2	X		L	39-41 (UB04)	<p>Value Code designating that a birth weight in grams is in existence. Required for Priority of Visit 4</p> <table border="1"> <tr> <td>~</td> <td>Only 1 code is acceptable, noted to the right</td> </tr> </table>	~	Only 1 code is acceptable, noted to the right	Value Code = 54 (Code indicates that an actual birth weight or weight at time of admission for an extramural birth, in grams, is in existence)		
~	Only 1 code is acceptable, noted to the right													
251**	Newborn Birth Weight in Grams:	1660	1663	4		X	R	39-41 (UB04)	The actual value amount, reported in grams, for birth weight, as described	Based on Value Code 54 amounts				

* Required Field ** Required if present in the record

Kentucky IPOP Inpatient Data
Expanded Flat file Format Layout

Data Element	Description	Position		Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
		From	To							
	Value Amount								above ~ Value must be > 0	
252	Filler	1664	2124	461	X				Blank fill	
254*	Patient's Name (Last name, First Name, Middle Initial)	2125	2158	34	X		L	12 (UB92), 8 (UB04)	Patient's legal name represented using Last Name, First Name, and Middle Initial. ~ Use a comma to separate each portion of the patient's name ~ No space should be left between a prefix and name E.g. McDonald ~ Report hyphenated names with the hyphen. E.g. Smith-Jones, Jane ~ Report suffixes as Smith III,John	Required for all Inpatient Records KBSR data element – required for children under 6 years of age with qualifying condition diagnoses
255*	Patient's Home Address (street)	2159	2198	40	X		L	13 (UB92), 9 Subfield a (UB04)	The street address where the patient resides	Required for all Inpatient Records KBSR data element – required for children under 6 years of age with qualifying condition diagnoses
256*	Patient's City	2199	2228	30	X		L	13 (UB92), 9 Subfield b (UB04)	The city where the patient resides	Required for all Inpatient Records KBSR data element – required for children under 6 years of age with qualifying condition diagnoses
257*	Patient's State	2229	2230	2	X		L	13 (UB92), 9 Subfield c	The 2 digit state abbreviation of the state where the patient resides	Required for all Inpatient Records KBSR data element – required for children under 6 years of age with qualifying condition diagnoses

* Required Field ** Required if present in the record

Kentucky IPOP **Inpatient** Data
Expanded Flat file Format Layout

Data Element	Description	Position		Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
		From	To							

Data Element	Description	Position From	Position To	Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts																																																
258**	Primary Insured's Name	2231	2255	25	X		L	58a (UB92), 58 Line a (UB04)	The name of the individual under whose name the Primary insurance benefit is carried. ~ Instructions as for element #254	KBSR data element – required for children under 6 years of age with qualifying condition diagnoses, except for Self Pay patients.																																																
259**	Patient's Relationship to Insured	2256	2257	2	X		L	59a (UB92), 59 Line a (UB04)	The 2 digit code indicating the relationship of the patient to the identified insured ~ Any codes submitted other than those to the right will be mapped to one of the codes listed	<table border="1"> <tr><td>01</td><td>= Spouse</td></tr> <tr><td>04</td><td>= Grandfather or Grandmother</td></tr> <tr><td>05</td><td>= Grandson or Granddaughter</td></tr> <tr><td>07</td><td>=Nephew or Niece</td></tr> <tr><td>10</td><td>= Foster Child</td></tr> <tr><td>15</td><td>= Ward of the Court</td></tr> <tr><td>17</td><td>= Stepson or Stepdaughter</td></tr> <tr><td>18</td><td>= Self</td></tr> <tr><td>19</td><td>= Child</td></tr> <tr><td>20</td><td>= Employee</td></tr> <tr><td>21</td><td>= Unknown</td></tr> <tr><td>22</td><td>= Handicapped Dependent</td></tr> <tr><td>23</td><td>= Sponsored Dependent</td></tr> <tr><td>24</td><td>= Dependent to a Minor Dependent</td></tr> <tr><td>29</td><td>= Significant Other</td></tr> <tr><td>32</td><td>= Mother</td></tr> <tr><td>33</td><td>= Father</td></tr> <tr><td>36</td><td>= Emancipated Minor</td></tr> <tr><td>39</td><td>= Organ Donor</td></tr> <tr><td>40</td><td>= Cadaver Donor</td></tr> <tr><td>41</td><td>= Injured Plaintiff</td></tr> <tr><td>43</td><td>= Child Where Insured Has No Financial Responsibility</td></tr> <tr><td>53</td><td>= Life Partner</td></tr> <tr><td>G8</td><td>= Other Relationship</td></tr> </table>	01	= Spouse	04	= Grandfather or Grandmother	05	= Grandson or Granddaughter	07	=Nephew or Niece	10	= Foster Child	15	= Ward of the Court	17	= Stepson or Stepdaughter	18	= Self	19	= Child	20	= Employee	21	= Unknown	22	= Handicapped Dependent	23	= Sponsored Dependent	24	= Dependent to a Minor Dependent	29	= Significant Other	32	= Mother	33	= Father	36	= Emancipated Minor	39	= Organ Donor	40	= Cadaver Donor	41	= Injured Plaintiff	43	= Child Where Insured Has No Financial Responsibility	53	= Life Partner	G8	= Other Relationship
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* Required Field ** Required if present in the record

Kentucky IPOP Inpatient Data
Expanded Flat file Format Layout

Data Element	Description	Position From	Position To	Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
										KBSR data element – required for children under 6 years of age with qualifying condition diagnoses, except for Self Pay patients.
260*	Primary Insured's Member ID Number	2258	2277	20	X		L	60a (UB92), 60 Line a (UB04)	The unique number assigned by the health plan to the individual under whose name the Primary insurance benefit is carried. If the patient is self pay, charity or does not currently have any insurance please use: 987654321	Required for all Inpatient Records KBSR data element – required for children under 6 years of age with qualifying condition diagnoses, except for Self Pay patients.
261*	Medical Health Record Number	2278	2301	24	X		L	23 (UB92), 3b (UB04)	The number assigned to the patient's medical / health record by the provider	Required for all Inpatient Records KBSR data element – required for children under 6 years of age with qualifying condition diagnoses
262	Filler	2302	2500	199	X				Blank Fill	

THERE MUST BE A LINE FEED AFTER POSITION 2500 FOR EVERY RECORD
SINGLE CHARACTER FIELDS SHOULD BE SUBMITTED IN UPPER CASE

* Required Field ** Required if present in the record

Outpatient Flat File Format Layout

The following pages contain the outpatient flat file format layout for submitting data records.

Kentucky IPOP Outpatient Data
Expanded Flat file Format Layout

Data Element	Description	Position From	Position To	Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts																																
1*	Patient DOB	1	8	8		X		14 (UB92), 10 (UB04)	<table border="1"> <tr><td>~</td><td>MMDDYYYY Format</td></tr> <tr><td>~</td><td>DOB must occur prior to or on same date as discharge</td></tr> <tr><td>~</td><td>Patient must be 124 years old or less</td></tr> <tr><td>~</td><td>Edited to check patient's age vs. logic of diagnoses and procedures</td></tr> </table>	~	MMDDYYYY Format	~	DOB must occur prior to or on same date as discharge	~	Patient must be 124 years old or less	~	Edited to check patient's age vs. logic of diagnoses and procedures																									
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~	Patient must be 124 years old or less																																									
~	Edited to check patient's age vs. logic of diagnoses and procedures																																									
2*	Patient Sex	9	9	1	X			15 (UB92), 11 (UB04)	<table border="1"> <tr><td>M</td><td>= Male</td></tr> <tr><td>F</td><td>= Female</td></tr> <tr><td>U</td><td>= Unknown</td></tr> </table>	M	= Male	F	= Female	U	= Unknown																											
M	= Male																																									
F	= Female																																									
U	= Unknown																																									
3*	Patient ZIP Code	10	14	5		X		13 (UB92), 09 (UB04)	Zip Code of patient's residence	Unknown = 00000, Foreign = 99999																																
4	ZIP plus 4	15	18	4	X			As Above																																		
5*	1st Individual Payer ID #	19	27	9	X		L	50A (UB92), 51A (UB04)	<table border="1"> <tr><td>~</td><td>Expected Principal Payment Source</td></tr> <tr><td>~</td><td>Do not include hyphens, commas, periods or slashes</td></tr> <tr><td>~</td><td>Space fill right</td></tr> <tr><td>~</td><td>Use only the 5 digit codes to the right</td></tr> <tr><td>~</td><td>Appropriate code must also be used for Self Pay and Charity patients</td></tr> </table>	~	Expected Principal Payment Source	~	Do not include hyphens, commas, periods or slashes	~	Space fill right	~	Use only the 5 digit codes to the right	~	Appropriate code must also be used for Self Pay and Charity patients	<table border="1"> <tr><td colspan="2">Payer Mapping Codes</td></tr> <tr><td>98910</td><td>= Medicare (Excl. Managed Care)</td></tr> <tr><td>98911</td><td>= Black Lung</td></tr> <tr><td>98912</td><td>= Charity – defined according to the Hospital policy at time of discharge</td></tr> <tr><td>98913</td><td>= Hill Burton Free Care</td></tr> <tr><td>98914</td><td>= Tricare (Champus)</td></tr> <tr><td>98915</td><td>= ChampVA</td></tr> <tr><td>98916</td><td>= In State Medicaid</td></tr> <tr><td>98917</td><td>= Out of State Medicaid</td></tr> <tr><td>98918</td><td>= Self Pay</td></tr> <tr><td>98921</td><td>= Commercial – Indemnity</td></tr> </table>	Payer Mapping Codes		98910	= Medicare (Excl. Managed Care)	98911	= Black Lung	98912	= Charity – defined according to the Hospital policy at time of discharge	98913	= Hill Burton Free Care	98914	= Tricare (Champus)	98915	= ChampVA	98916	= In State Medicaid	98917	= Out of State Medicaid	98918	= Self Pay	98921	= Commercial – Indemnity
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* Required Field ** Required if present in the record

Kentucky IPOP Outpatient Data
Expanded Flat file Format Layout

Data Element	Description	Position From	Position To	Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
										98922 = Commercial – HMO
										98923 = Commercial – PPO
										98924 = Commercial - Other
										98930 = Other Self Administered Plan
										98940 = Passport Medicaid Mgd. Care
										98945 = Medicare Managed Care
										98950 = Workers Compensation
										98960 = Blue Cross Blue Shield Anthem Health Plans of KY PPO Plan
										00000 = Other
										98970 = Aetna Better Health of Kentucky formerly Coventry Care of Kentucky effective date 2/1/16
										98980 = WellCare of Kentucky
										98990 = Kentucky Spirit Health Plan End Date 1/1/2015
										98925 = VA
										98926 = Auto Insurance
										98927 = Other Facility
										98928 = Pending Insurance
										98929 = Humana Medicaid Managed Care
										98991 = BCBS Medicaid Managed Care
										98992 =WellCare Health Commercial Plan (effective 01/01/2015)
										98993 =Care Source KY Commercial Plan (effective 01/01/2015)
										98994 =Kentucky Health

* Required Field ** Required if present in the record

Kentucky IPOP Outpatient Data
Expanded Flat file Format Layout

Data Element	Description	Position From	Position To	Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
										Cooperative Plan
										98901 Aetna Health Commercial HMO Plan
										98902 Aetna Health Commercial PPO Plan
										98903 Humana Commercial POS Plan
										98904 Humana Commercial HMO Plan
										98905 Humana Commercial PPO Plan
										98906 Anthem Health Plans of KY POS Plan
										98907 Anthem Health Plans of KY Fee-For-Service Plan
										98908 Anthem Health Plans of KY HMO Plan
										98931 United Healthcare Commercial POS Plan
										98932 United Healthcare Commercial Fee-For-Service Plan
										98933 United Healthcare Commercial PPO Plan
										98934 United Healthcare of KY Commercial POS Plan
										98935 United Healthcare of KY Commercial HMO Plan
										98936 United Healthcare of Ohio Commercial POS Plan
										98937 Cigna Health & Life Fee-For-Service Commercial Plan
										98938 Cigna Health & Life Commercial PPO Plan

* Required Field ** Required if present in the record

Kentucky IPOP Outpatient Data
Expanded Flat file Format Layout

Data Element	Description	Position From	Position To	Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts								
										<table border="1"> <tr> <td>98939</td> <td>Nippon Life Insurance Company of America</td> </tr> <tr> <td>98941</td> <td>CareSource Kentucky HMO Plan</td> </tr> <tr> <td>98942</td> <td>Wellcare Health Plans of KY HMO Plan</td> </tr> <tr> <td>98943</td> <td>Pending MCO Insurance</td> </tr> </table> <p><i>No more than 1% of records may contain 00000.</i></p>	98939	Nippon Life Insurance Company of America	98941	CareSource Kentucky HMO Plan	98942	Wellcare Health Plans of KY HMO Plan	98943	Pending MCO Insurance
98939	Nippon Life Insurance Company of America																	
98941	CareSource Kentucky HMO Plan																	
98942	Wellcare Health Plans of KY HMO Plan																	
98943	Pending MCO Insurance																	
6	2 nd Individual Payer ID #	28	36	9	X		L	50B (UB92), 51B (UB04)	<table border="1"> <tr> <td colspan="2">Expected Secondary Payment Source</td> </tr> <tr> <td>~</td> <td>Instructions as above</td> </tr> <tr> <td>~</td> <td>If no source of payment, space fill</td> </tr> </table>	Expected Secondary Payment Source		~	Instructions as above	~	If no source of payment, space fill			
Expected Secondary Payment Source																		
~	Instructions as above																	
~	If no source of payment, space fill																	
7	3 rd Individual Payer ID #	37	45	9	X		L	50C (UB92), 51C (UB04)	<table border="1"> <tr> <td colspan="2">Expected Tertiary Payment Source</td> </tr> <tr> <td>~</td> <td>Instructions as above</td> </tr> </table>	Expected Tertiary Payment Source		~	Instructions as above					
Expected Tertiary Payment Source																		
~	Instructions as above																	
8*	Date of Admission	46	51	6		X		17 (UB92), 12 (UB04)	<table border="1"> <tr> <td>~</td> <td>MMDDYY Format</td> </tr> <tr> <td>~</td> <td>No hyphens or slashes</td> </tr> <tr> <td>~</td> <td>Admission date cannot precede birth date or 1993</td> </tr> <tr> <td>~</td> <td>Discharge date cannot precede admission date</td> </tr> </table>	~	MMDDYY Format	~	No hyphens or slashes	~	Admission date cannot precede birth date or 1993	~	Discharge date cannot precede admission date	
~	MMDDYY Format																	
~	No hyphens or slashes																	
~	Admission date cannot precede birth date or 1993																	
~	Discharge date cannot precede admission date																	

* Required Field ** Required if present in the record

Kentucky IPOP Outpatient Data
Expanded Flat file Format Layout

Data Element	Description	Position From	Position To	Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts																										
9*	Point of Origin / Source of Admission	52	52	1	X			20 (UB92), 15 (UB04)	Data element becomes Point of Origin as of 10/01/07 discharges, and indicates the point of patient origin for this admission or visit. Source of Admission code indicates the source of the patient referral for cases discharged prior to 10/01/07.	<table border="1"> <tr><td>1</td><td>= Non-Health Care Facility</td></tr> <tr><td>2</td><td>= Clinic</td></tr> <tr><td>4</td><td>= Transfer from a Hospital (Different Facility)</td></tr> <tr><td>5</td><td>= Transfer from a SNF/ICF</td></tr> <tr><td>6</td><td>= Transfer from Another Health Care Facility</td></tr> <tr><td>7</td><td>= Emergency Room (Obsolete-eff. 7/1/10)</td></tr> <tr><td>8</td><td>= Court/Law Enforcement</td></tr> <tr><td>9</td><td>= Information not Available</td></tr> <tr><td>B</td><td>= Transferred from another Home Health Agency</td></tr> <tr><td>C</td><td>= Readmission to Same Home Health Agency</td></tr> <tr><td>D</td><td>= Transfer from One distinct unit of the hospital to another distinct unit of the same hospital resulting in a separate claim to the payer</td></tr> <tr><td>E</td><td>= Transfer from Ambulatory Surgery Center</td></tr> <tr><td>F</td><td>= Transfer from hospice and is under a hospice plan of care or enrolled in a hospice program</td></tr> </table> <p><i>No more than 1% of cases may contain 9 – Information not Available</i></p>	1	= Non-Health Care Facility	2	= Clinic	4	= Transfer from a Hospital (Different Facility)	5	= Transfer from a SNF/ICF	6	= Transfer from Another Health Care Facility	7	= Emergency Room (Obsolete-eff. 7/1/10)	8	= Court/Law Enforcement	9	= Information not Available	B	= Transferred from another Home Health Agency	C	= Readmission to Same Home Health Agency	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
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B	= Transferred from another Home Health Agency																																			
C	= Readmission to Same Home Health Agency																																			
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																																			

* Required Field ** Required if present in the record

Kentucky IPOP Outpatient Data
Expanded Flat file Format Layout

Data Element	Description	Position From	Position To	Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts																
9* Cont.	Point of Origin / Source of Admission (cont.)									If Type of Admission / Priority (see next data element) indicates Newborn (4), Point of Origin must be one of the following: <table border="1"> <tr> <td>5</td> <td>= Born Inside the Hospital</td> </tr> <tr> <td>6</td> <td>= Born outside the hospital</td> </tr> </table>	5	= Born Inside the Hospital	6	= Born outside the hospital												
5	= Born Inside the Hospital																									
6	= Born outside the hospital																									
10*	Priority (Type) of Visit / Type of Admissions	53	53	1		X		19 (UB92), 14 (UB04)	Code indicates the priority (type) of the admission <table border="1"> <tr> <td>~</td> <td>If Priority of Visit is newborn (4), patient age must be 0 years old</td> </tr> <tr> <td>~</td> <td>Additional instructions as above</td> </tr> </table>	~	If Priority of Visit is newborn (4), patient age must be 0 years old	~	Additional instructions as above	<table border="1"> <tr> <td>1</td> <td>= Emergency</td> </tr> <tr> <td>2</td> <td>= Urgent</td> </tr> <tr> <td>3</td> <td>= Elective</td> </tr> <tr> <td>4</td> <td>= Newborn</td> </tr> <tr> <td>5</td> <td>= Trauma center</td> </tr> <tr> <td>9</td> <td>= Information not Available</td> </tr> </table> No more than 1% of cases may contain 9 – Information not Available	1	= Emergency	2	= Urgent	3	= Elective	4	= Newborn	5	= Trauma center	9	= Information not Available
~	If Priority of Visit is newborn (4), patient age must be 0 years old																									
~	Additional instructions as above																									
1	= Emergency																									
2	= Urgent																									
3	= Elective																									
4	= Newborn																									
5	= Trauma center																									
9	= Information not Available																									
11*	Type of Bill	54	56	3		X		4	<table border="1"> <tr> <td>~</td> <td>Submit final bills only. No interim bills accepted</td> </tr> <tr> <td>~</td> <td>XX8 bill types are not accepted by KY IPOP</td> </tr> </table>	~	Submit final bills only. No interim bills accepted	~	XX8 bill types are not accepted by KY IPOP	The only valid codes are: <table border="1"> <tr> <td>131</td> <td>= Hospital; Outpatient; Admit Through Discharge Claim</td> </tr> <tr> <td>431</td> <td>= Religious Non-Medical Healthcare Institution – Hospital Inpatient; Outpatient; Admit Through Discharge Claim</td> </tr> <tr> <td>731</td> <td>= Clinic; Freestanding; Admit Through Discharge Claim</td> </tr> <tr> <td>831</td> <td>= Specialty Facility or ASC Surgery; Freestanding; Admit Through Discharge Claim</td> </tr> <tr> <td>851</td> <td>= Specialty Facility or ASC Surgery; Comprehensive Outpatient Rehab Facility (CORF); Admit Through Discharge Claim</td> </tr> </table>	131	= Hospital; Outpatient; Admit Through Discharge Claim	431	= Religious Non-Medical Healthcare Institution – Hospital Inpatient; Outpatient; Admit Through Discharge Claim	731	= Clinic; Freestanding; Admit Through Discharge Claim	831	= Specialty Facility or ASC Surgery; Freestanding; Admit Through Discharge Claim	851	= Specialty Facility or ASC Surgery; Comprehensive Outpatient Rehab Facility (CORF); Admit Through Discharge Claim		
~	Submit final bills only. No interim bills accepted																									
~	XX8 bill types are not accepted by KY IPOP																									
131	= Hospital; Outpatient; Admit Through Discharge Claim																									
431	= Religious Non-Medical Healthcare Institution – Hospital Inpatient; Outpatient; Admit Through Discharge Claim																									
731	= Clinic; Freestanding; Admit Through Discharge Claim																									
831	= Specialty Facility or ASC Surgery; Freestanding; Admit Through Discharge Claim																									
851	= Specialty Facility or ASC Surgery; Comprehensive Outpatient Rehab Facility (CORF); Admit Through Discharge Claim																									

* Required Field ** Required if present in the record

Kentucky IPOP Outpatient Data
Expanded Flat file Format Layout

Data Element	Description	Position From	Position To	Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts						
12*	Principal Diagnosis	57	64	8	X		L	67	<p>Must be valid ICDE-9-CM code or after October 1, 2015 a valid ICD-10-CM code established after admission as responsible for inpatient/outpatient care necessity</p> <table border="1"> <tr> <td>~</td> <td>Must be consistent with patient's age and gender</td> </tr> <tr> <td>~</td> <td>Space fill right, no decimals</td> </tr> <tr> <td>~</td> <td>Principal DX is V30 – V39 (with 0 as 4th digit), admission type must be 4</td> </tr> </table> <p>Principal ICD-10-CM diagnosis is Z38 as of 10/1/2015</p>	~	Must be consistent with patient's age and gender	~	Space fill right, no decimals	~	Principal DX is V30 – V39 (with 0 as 4 th digit), admission type must be 4	
~	Must be consistent with patient's age and gender															
~	Space fill right, no decimals															
~	Principal DX is V30 – V39 (with 0 as 4 th digit), admission type must be 4															
13**	1 st Other Diagnosis	65	72	8	X		L	68 (UB92), 67 (UB04)	<p>Additional condition that coexists at the time of admission, or develops during hospital stay, and has effect on the treatment provided or the length of stay</p> <table border="1"> <tr> <td>~</td> <td>Up to 24 Other Diagnoses are accepted. If more exist, include only those that affect the patient's treatment and length of stay. Avoid symptom codes.</td> </tr> <tr> <td>~</td> <td>Must be consistent with patient's age and gender</td> </tr> <tr> <td>~</td> <td>Space fill right, no decimals</td> </tr> </table>	~	Up to 24 Other Diagnoses are accepted. If more exist, include only those that affect the patient's treatment and length of stay. Avoid symptom codes.	~	Must be consistent with patient's age and gender	~	Space fill right, no decimals	<p>If additional room is available in the Other Diagnosis fields, after all clinical diagnoses have been entered; additional E-Codes can also be mapped to the remaining fields.</p> <p>As of 10/1/2015 additional External Causes of Morbidity codes can also be mapped to the remaining fields</p>
~	Up to 24 Other Diagnoses are accepted. If more exist, include only those that affect the patient's treatment and length of stay. Avoid symptom codes.															
~	Must be consistent with patient's age and gender															
~	Space fill right, no decimals															
14**	2 nd Other Diagnosis	73	80	8	X		L	69 (UB92), 67 (UB04)	As above	As above						

* Required Field ** Required if present in the record

Kentucky IPOP Outpatient Data
Expanded Flat file Format Layout

Data Element	Description	Position From	Position To	Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
15**	3 rd Other Diagnosis	81	88	8	X		L	70 (UB92), 67 (UB04)	Same as element # 14	Same as element # 14
16**	4 th Other Diagnosis	89	96	8	X		L	71 (UB92), 67 (UB04)	Same as element # 14	Same as element # 14
17**	5 th Other Diagnosis	97	104	8	X		L	72 (UB92), 67 (UB04)	Same as element # 14	Same as element # 14
18**	6 th Other Diagnosis	105	112	8	X		L	73 (UB92), 67 (UB04)	Same as element # 14	Same as element # 14
19**	7 th Other Diagnosis	113	120	8	X		L	74 (UB92), 67 (UB04)	Same as element # 14	Same as element # 14

* Required Field ** Required if present in the record

Kentucky IPOP Outpatient Data
Expanded Flat file Format Layout

Data Element	Description	Position From	Position To	Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
20**	8 th Other Diagnosis	121	128	8	X		L	75 (UB92), 67 (UB04)	Same as element # 14	Same as element # 14
21	Filler	129	129	1	X				Blank Fill	
22*	1 st Position Procedure Code	130	143	14	X		L	80 (UB92), 74 (UB04)	Use procedure performed for definitive treatment, not for exploratory purposes ~ Only CPT®/HCPCS codes, plus modifies, if applicable, allowed for outpatient services. HCPCS modifiers are acceptable on CPT®Codes ~ 5 digit code, plus up to four 2-digit modifiers may be reported for any procedure ~ Must be valid codes/modifiers for discharge date timeframe ~ Space fill right ~ Must be consistent with patient's gender	Format programming notes: CPT = 99999
23*	1 st Position Procedure Date	144	149	6		X		80 (UB92), 74 (UB04)	~ MMDDYY format ~ No hyphens or slashes ~ Procedure date cannot occur after discharge date ~ Procedure date can occur prior to the admission date, but must be within 30 days or less of the admission date	

* Required Field ** Required if present in the record

Kentucky IPOP **Outpatient** Data
Expanded Flat file Format Layout

Data Element	Description	Position		Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts																						
		From	To																													
24*	Patient Discharge Status	150	151	2		X		22 (UB92), 17 (UB04)	Patients status at time of discharge	<table border="1"> <tr> <td>01</td> <td>= Discharged to home or self care (routine discharge)</td> </tr> <tr> <td>02</td> <td>= Discharged/transferred to another short term general hospital for inpatient care</td> </tr> <tr> <td>03</td> <td>= Discharged/transferred to SNF w/ Medicare certification in anticipation of covered skilled care</td> </tr> <tr> <td>04</td> <td>= Discharged/transferred to ICF</td> </tr> <tr> <td>05</td> <td>= As of 04/01/08 – Discharged/transferred to a Designated Cancer Center or Children’s Hospital Prior to 04/01/08 Discharged/transferred to another type of institution not defined elsewhere in this code list</td> </tr> <tr> <td>06</td> <td>= Discharged/transferred to home under care of organized home health service organization in anticipation of covered skilled care</td> </tr> <tr> <td>07</td> <td>= Left against medical advice or discontinued care</td> </tr> <tr> <td>09</td> <td>= Admitted as inpatient to this hospital</td> </tr> <tr> <td>10-19</td> <td>= Discharge defined at state level</td> </tr> <tr> <td>20</td> <td>= Expired</td> </tr> <tr> <td>21</td> <td>= Discharged/transferred to</td> </tr> </table>	01	= Discharged to home or self care (routine discharge)	02	= Discharged/transferred to another short term general hospital for inpatient care	03	= Discharged/transferred to SNF w/ Medicare certification in anticipation of covered skilled care	04	= Discharged/transferred to ICF	05	= As of 04/01/08 – Discharged/transferred to a Designated Cancer Center or Children’s Hospital Prior to 04/01/08 Discharged/transferred to another type of institution not defined elsewhere in this code list	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 inpatient to this hospital	10-19	= Discharge defined at state level	20	= Expired	21	= Discharged/transferred to
01	= Discharged to home or self care (routine discharge)																															
02	= Discharged/transferred to another short term general hospital for inpatient care																															
03	= Discharged/transferred to SNF w/ Medicare certification in anticipation of covered skilled care																															
04	= Discharged/transferred to ICF																															
05	= As of 04/01/08 – Discharged/transferred to a Designated Cancer Center or Children’s Hospital Prior to 04/01/08 Discharged/transferred to another type of institution not defined elsewhere in this code list																															
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 inpatient to this hospital																															
10-19	= Discharge defined at state level																															
20	= Expired																															
21	= Discharged/transferred to																															

* Required Field ** Required if present in the record

Kentucky IPOP Outpatient Data
Expanded Flat file Format Layout

Data Element	Description	Position From	Position To	Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
										court/law enforcement (Eff 10/01/09)
										22-29 = Expired to be defined at state level
										30 = Still patient or Expected to Return for Outpatient Services
										31-39 = Still patient defined at state level
										40 = Expired at home (Medicare, CHAMPUS claims only for hospice care)
										41 = Expired in a medical facility (Medicare, CHAMPUS claims only for hospice care)
										42 = Expired – place unknown (Medicare, CHAMPUS claims only for hospice care)
										43 = Discharged/transferred to a Federal hospital
										44-49 = Reserved for National assignment
										50 = Hospice – home
										51 = Hospice – medical facility
										52-60 = Reserved for National assignment
										61 = Discharged/transferred within this institution to hospital-based Medicare approved swing bed
										62 = Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehab distinct part units of a

* Required Field ** Required if present in the record

Kentucky IPOP **Outpatient** Data
Expanded Flat file Format Layout

Data Element	Description	Position From	Position To	Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
										hospital
										63 = Discharged/transferred to a Medicare certified long term care hospital (LTCH)
										64 = Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare
										65 = Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital
										66 = Discharged/transferred to a Critical Access Hospital (CAH) (Effective 01/01/06)
										67-68 = Reserved for National assignment
										69 = Discharge transferred to a designated disaster alternate care
										70 = Discharged/transferred to another Type of Health Care Institution not defined elsewhere in this code list Eff. 04/01/08
										73-81 = Reserved for National assignment
										81 = Discharged to Home or Self Care with a Planned Acute Care Hospital IP Readmission
										82 = Discharged/Transferred to a Short Term General Hospital for IP Care with a

* Required Field ** Required if present in the record

Kentucky IPOP Outpatient Data
Expanded Flat file Format Layout

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
										Planned Acute Care Hospital IP Readmission
										83 = Discharge/Transferred to a SNF with Medicare Certification with a Planned Acute Care Hospital IP Readmission
										84 = Discharged/Transferred to Facility that Provides Custodial or Supportive Care with a Planned Acute Care Hospital IP Readmission
										85 = Discharged/Transferred to a Designated Cancer Center or Children's Hospital with a Planned Acute Care Hospital IP Readmission
										86 = Discharged/Transferred to Home Under Care of Organized Home Health Organization with Planned Acute Care Hospital IP Readmission
										87 = Discharged/Transferred to Court/Law Enforcement with a Planned Acute Care Hospital IP Readmission
										88 = Discharged/Transferred to a Federal Health Care Facility with a Planned Acute Hospital IP Readmission
										89 = Discharged/Transferred to a Hospital-based Medicare Approved Swing Bed with a Planned Acute Care Hospital

* Required Field ** Required if present in the record

Kentucky IPOP Outpatient Data
Expanded Flat file Format Layout

Data Element	Description	Position From	Position To	Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
										IP Readmission
										90 = Discharged/Transferred to an IRF including Rehabilitation Distinct Part of a Hospital with a Planned Acute Care Hospital IP Readmission
										91 = Discharged/Transferred to a Medicare Certified Long Term Care Hospital (LTCH) with a Planned Acute Care Hospital IP Readmission
										92 = Discharged/Transferred to Nursing Facility Certified by Medicaid but not Certified by Medicare with Planned Acute Care Hosp IP Readmission
										93 =Discharged/Transferred to Psychiatric Hospital or Psychiatric Distinct Part of a Hospital with a Planned Acute Care Hosp IP Readmission
										94 = Discharged/Transferred to a Critical Access Hospital (CAH) with a Planned Acute Care Hospital IP Readmission
										95 = Discharged/Transferred to Another Type of Health Care Institution not Defined in this Code List with a Planned Acute Care Hosp IP Readmission

* Required Field ** Required if present in the record

Kentucky IPOP Outpatient Data
Expanded Flat file Format Layout

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
25**	1 st Other Procedure Code	152	165	14	X		L	81 (UB92), 74 (UB04)	Additional procedure performed other than 1 st Position procedure ~ Must be consistent with patient's gender ~ Space fill right, no decimals or hyphens	Up to 24 Other Procedure Codes are allowed. Same instructions as for element #22
26**	1 st Other Procedure Date	166	171	6		X		81 (UB92), 74 (UB04)	~ MMDDYY format ~ No hyphens or slashes ~ Procedure date cannot occur after discharge date ~ Procedure date can occur prior to the admission date, but must be within 30 days or less of the admission date ~ Required if corresponding procedure is recorded	Same instructions as for element #23
27**	2 nd Other Procedure Code	172	185	14	X		L	81 (UB92), 74 (UB04)	Same as element #25	
28**	2 nd Other Procedure Date	186	191	6		X		81 (UB92), 74 (UB04)	Same as element #26	
29**	3 rd Other Procedure Code	192	205	14	X		L	81 (UB92), 74	Same as element #25	

* Required Field ** Required if present in the record

Kentucky IPOP **Outpatient** Data
Expanded Flat file Format Layout

Data Element	Description	Position From	Position To	Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
								(UB04)		
30**	3 rd Other Procedure Date	206	211	6		X		81 (UB92), 74 (UB04)	Same as element #26	
31**	4 th Other Procedure Code	212	225	14	X		L	81 (UB92), 74 (UB04)	Same as element #25	
32**	4 th Other Procedure Date	226	231	6		X		81 (UB92), 74 (UB04)	Same as element #26	
33**	5 th Other Procedure Code	232	245	14	X		L	81 (UB92), 74 (UB04)	Same as element #25	
34**	5 th Other Procedure Date	246	251	6		X		81 (UB92), 74	Same as element #26	

* Required Field ** Required if present in the record

Kentucky IPOP Outpatient Data
Expanded Flat file Format Layout

Data Element	Description	Position From	Position To	Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts						
								(UB04)								
35*	1 st Revenue Code	252	255	4		X	R	42	<p>Identifies an accommodation, ancillary service, or billing calculation</p> <table border="1"> <tr> <td>~</td> <td>Right justify, zero fill left</td> </tr> <tr> <td>~</td> <td>Report any applicable Revenue Codes appearing on the patient case</td> </tr> <tr> <td>~</td> <td>Room and Board charges can be reported for an outpatient stay if the patient was never classified as an inpatient</td> </tr> </table> <p>There must be a related Revenue Code and Charge for every Service Line Item on the patient record.</p>	~	Right justify, zero fill left	~	Report any applicable Revenue Codes appearing on the patient case	~	Room and Board charges can be reported for an outpatient stay if the patient was never classified as an inpatient	If a patient has more than 22 revenue codes, fill all 22 current record, and do not enter code 0001 on current record. Make additional records for the patient, duplicating all other data elements, and continue to list revenue codes. Use 0001 only after all revenue codes have been listed, in the 23 rd Revenue Code field of the last page, no matter how many records have to be created for completion. Revenue code 0001, Total Charges for the Patient, should be used only once per patient cares, in the 23 rd Revenue Code field. See element #101.
~	Right justify, zero fill left															
~	Report any applicable Revenue Codes appearing on the patient case															
~	Room and Board charges can be reported for an outpatient stay if the patient was never classified as an inpatient															
36*	Units of Service	256	262	7		X	R	46	<p>A quantitative measure of services rendered by revenue code</p> <table border="1"> <tr> <td>~</td> <td>Right justify, zero fill left</td> </tr> <tr> <td>~</td> <td>Length of stay must be = or +/- one day of the room and board revenue code units. This accommodates the various ways in which hospitals report admission dates in light of observation or ER stays</td> </tr> <tr> <td>~</td> <td>Required if corresponding revenue code is recorded</td> </tr> </table>	~	Right justify, zero fill left	~	Length of stay must be = or +/- one day of the room and board revenue code units. This accommodates the various ways in which hospitals report admission dates in light of observation or ER stays	~	Required if corresponding revenue code is recorded	
~	Right justify, zero fill left															
~	Length of stay must be = or +/- one day of the room and board revenue code units. This accommodates the various ways in which hospitals report admission dates in light of observation or ER stays															
~	Required if corresponding revenue code is recorded															

* Required Field ** Required if present in the record

Kentucky IPOP Outpatient Data
Expanded Flat file Format Layout

Data Element	Description	Position From	Position To	Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts																
37*	Charges	263	272	10		X	R	47	Total charges for the corresponding revenue code <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">~</td> <td>The sum of all charges minus the total charges must = the total charges for revenue code 0001</td> </tr> <tr> <td style="width: 20px; text-align: center;">~</td> <td>The sum of all charges must be positive</td> </tr> <tr> <td style="width: 20px; text-align: center;">~</td> <td>Right justify, zero fill left</td> </tr> </table>	~	The sum of all charges minus the total charges must = the total charges for revenue code 0001	~	The sum of all charges must be positive	~	Right justify, zero fill left	Programming notes: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">~</td> <td>Programming Format: S9(8)V99</td> </tr> <tr> <td style="width: 20px; text-align: center;">~</td> <td>Signed fields are unpacked, signed, right justified, zero filled to left</td> </tr> <tr> <td style="width: 20px; text-align: center;">~</td> <td>When including sign, used zoned decimal representation See Appendix A for Zoned Decimal Representation Table</td> </tr> <tr> <td style="width: 20px; text-align: center;">~</td> <td>May be negative (credit)</td> </tr> <tr> <td style="width: 20px; text-align: center;">~</td> <td>Charge fields have an assumed decimal with 2 positions to the right for cents</td> </tr> </table>	~	Programming Format: S9(8)V99	~	Signed fields are unpacked, signed, right justified, zero filled to left	~	When including sign, used zoned decimal representation See Appendix A for Zoned Decimal Representation Table	~	May be negative (credit)	~	Charge fields have an assumed decimal with 2 positions to the right for cents
~	The sum of all charges minus the total charges must = the total charges for revenue code 0001																									
~	The sum of all charges must be positive																									
~	Right justify, zero fill left																									
~	Programming Format: S9(8)V99																									
~	Signed fields are unpacked, signed, right justified, zero filled to left																									
~	When including sign, used zoned decimal representation See Appendix A for Zoned Decimal Representation Table																									
~	May be negative (credit)																									
~	Charge fields have an assumed decimal with 2 positions to the right for cents																									
38**	2 nd Revenue Code	273	276	4		X	R	42	Same as element #35																	
39**	Units of Service	277	283	7		X	R	46	Same as element #36																	
40**	Charges	284	293	10		X	R	47	Same as element #37																	
41**	3 rd Revenue Code	294	297	4		X	R	42	Same as element #35																	
42**	Units of Service	298	304	7		X	R	46	Same as element #36																	
43**	Charges	305	314	10		X	R	47	Same as element #37																	
44**	4 th Revenue Code	315	318	4		X	R	42	Same as element #35																	
45**	Units of Service	319	325	7		X	R	46	Same as element #36																	
46**	Charges	326	335	10		X	R	47	Same as element #37																	
47**	5 th Revenue Code	336	339	4		X	R	42	Same as element #35																	

* Required Field ** Required if present in the record

Kentucky IPOP Outpatient Data
Expanded Flat file Format Layout

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
48**	Units of Service	340	346	7		X	R	46	Same as element #36	
49**	Charges	347	356	10		X	R	47	Same as element #37	
50**	6 th Revenue Code	357	360	4		X	R	42	Same as element #35	
51**	Units of Service	361	367	7		X	R	46	Same as element #36	
52**	Charges	368	377	10		X	R	47	Same as element #37	
53**	7 th Revenue Code	378	381	4		X	R	42	Same as element #35	
54**	Units of Service	382	388	7		X	R	46	Same as element #36	
55**	Charges	389	398	10		X	R	47	Same as element #37	
56**	8 th Revenue Code	399	402	4		X	R	42	Same as element #35	
57**	Units of Service	403	409	7		X	R	46	Same as element #36	
58**	Charges	410	419	10		X	R	47	Same as element #37	
59**	9 th Revenue Code	420	423	4		X	R	42	Same as element #35	
60**	Units of Service	424	430	7		X	R	46	Same as element #36	
61**	Charges	431	440	10		X	R	47	Same as element #37	
62**	10 th Revenue Code	441	444	4		X	R	42	Same as element #35	
63**	Units of Service	445	451	7		X	R	46	Same as element #36	

* Required Field ** Required if present in the record

Kentucky IPOP Outpatient Data
Expanded Flat file Format Layout

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
64**	Charges	452	461	10		X	R	47	Same as element #37	
65**	11 th Revenue Code	462	465	4		X	R	42	Same as element #35	
66**	Units of Service	466	472	7		X	R	46	Same as element #36	
67**	Charges	473	482	10		X	R	47	Same as element #37	
68**	12 th Revenue Code	483	486	4		X	R	42	Same as element #35	
69**	Units of Service	487	493	7		X	R	46	Same as element #36	
70**	Charges	494	503	10		X	R	47	Same as element #37	
71**	13 th Revenue Code	504	507	4		X	R	42	Same as element #35	
72**	Units of Service	508	514	7		X	R	46	Same as element #36	
73**	Charges	515	524	10		X	R	47	Same as element #37	
74**	14 th Revenue Code	525	528	4		X	R	42	Same as element #35	
75**	Units of Service	529	535	7		X	R	46	Same as element #36	
76**	Charges	536	545	10		X	R	47	Same as element #37	
77**	15 th Revenue Code	546	549	4		X	R	42	Same as element #35	

* Required Field ** Required if present in the record

Kentucky IPOP Outpatient Data
Expanded Flat file Format Layout

Data Element	Description	Position From	Position To	Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
78**	Units of Service	550	556	7		X	R	46	Same as element #36	
79**	Charges	557	566	10		X	R	47	Same as element #37	
80**	16 th Revenue Code	567	570	4		X	R	42	Same as element #35	
81**	Units of Service	571	577	7		X	R	46	Same as element #36	
82**	Charges	578	587	10		X	R	47	Same as element #37	
83**	17 th Revenue Code	588	591	4		X	R	42	Same as element #35	
84**	Units of Service	592	598	7		X	R	46	Same as element #36	
85**	Charges	599	608	10		X	R	47	Same as element #37	
86**	18 th Revenue Code	609	612	4		X	R	42	Same as element #35	
87**	Units of Service	613	619	7		X	R	46	Same as element #36	
88**	Charges	620	629	10		X	R	47	Same as element #37	
89**	19 th Revenue Code	630	633	4		X	R	42	Same as element #35	
69**	Units of Service	634	640	7		X	R	46	Same as element #36	
91**	Charges	641	650	10		X	R	47	Same as element #37	

* Required Field ** Required if present in the record

Kentucky IPOP Outpatient Data
Expanded Flat file Format Layout

Data Element	Description	Position From	Position To	Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts				
92**	20 th Revenue Code	651	654	4		X	R	42	Same as element #35					
93**	Units of Service	655	661	7		X	R	46	Same as element #36					
94**	Charges	662	671	10		X	R	47	Same as element #37					
95**	21 th Revenue Code	672	675	4		X	R	42	Same as element #35					
96**	Units of Service	676	682	7		X	R	46	Same as element #36					
97**	Charges	683	692	10		X	R	47	Same as element #37					
98**	22 nd Revenue Code	693	696	4		X	R	42	Same as element #35					
99**	Units of Service	697	703	7		X	R	46	Same as element #36					
100**	Charges	704	713	10		X	R	47	Same as element #37					
101*	23 rd Revenue Code (Total Charges for the Patient)	714	717	4		X	R	47 (UB04)	<p>The only allowed revenue code entry for this field is 0001. Total Charges for the Patient.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">~</td> <td>Use 0001 only on the last page of the record, as the very last revenue code</td> </tr> <tr> <td style="width: 20px; text-align: center;">~</td> <td>This field should be empty for all other pages of the patient record</td> </tr> </table>	~	Use 0001 only on the last page of the record, as the very last revenue code	~	This field should be empty for all other pages of the patient record	For empty pages, acceptable entries are: blank spaces; or zeros filled left. Right justify
~	Use 0001 only on the last page of the record, as the very last revenue code													
~	This field should be empty for all other pages of the patient record													

* Required Field ** Required if present in the record

Kentucky IPOP Outpatient Data
Expanded Flat file Format Layout

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts						
102	Filler	718	724	7		X			Blank Fill							
103*	Charges	725	734	10		X	R	47 (UB04)	Report ONLY the Total Charges for the patient in this field, on the very last page of the patient record	Use only when 0001 is reported in element #101						
104*	Page Number	735	738	4		X	R	47 (UB04)	For every page of a record, this field must be used to designate the incrementing page count and total number of pages for the claim.	Code this field using 2 digits for the incremental page number and 2 digits for the total number of pages. For example, page 2 of 6 = 0206						
105*	Attending Clinician ID # (NPI)	739	748	10	X		L	82 (UB92), 76 (UB04)	Identifies attending clinician, who is expected to certify/recertify the medical necessity of the services rendered and/or who has primary responsibility for the patient's medical care and treatment <table border="1" style="margin-left: 20px;"> <tr><td>~</td><td>Enter clinician's NPI number</td></tr> <tr><td>~</td><td>State license number or UPIN are no longer accepted</td></tr> <tr><td>~</td><td>Blank fill right</td></tr> </table>	~	Enter clinician's NPI number	~	State license number or UPIN are no longer accepted	~	Blank fill right	
~	Enter clinician's NPI number															
~	State license number or UPIN are no longer accepted															
~	Blank fill right															
106*	Patient's Primary Phone Number	749	760	12	X				Patient's Home Phone Number. Do not include a leading 1. Do include area code. No dashes or parenthesis. For patients who do not have a primary phone number please use 1011234567	555555555 For patients who do not have a primary phone number please use 1011234567						
107*	Patient Control Number / ID #	761	780	20	X		L	3	Uniquely identifies each patient <table border="1" style="margin-left: 20px;"> <tr><td>~</td><td>Blank fill right</td></tr> </table>	~	Blank fill right					
~	Blank fill right															
108	1 st Insur Group #	781	797	17	X		L	62a	The ID#, control# or code assigned by the insurance carrier or plan							

* Required Field ** Required if present in the record

Kentucky IPOP Outpatient Data
Expanded Flat file Format Layout

Data Element	Description	Position From	Position To	Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts						
									administrator to identify the group under which the individual is covered <table border="1"> <tr><td>~</td><td>Space fill right</td></tr> <tr><td>~</td><td>Recorded only if corresponding payer ID# is present</td></tr> </table>	~	Space fill right	~	Recorded only if corresponding payer ID# is present			
~	Space fill right															
~	Recorded only if corresponding payer ID# is present															
109	2 nd Insur Group #	798	814	17	X		L	62b	Same as above							
110	3 rd Insur Group #	815	831	17	X		L	62c	Same as above							
111**	Primary Care Physician NPI Number	832	841	10	X		L	83a (UB92), 78-79 (UB04)	ID# of the primary care physician of the patient <table border="1"> <tr><td>~</td><td>Enter clinician's NPI</td></tr> <tr><td>~</td><td>State License Number or UPIN no longer accepted</td></tr> <tr><td>~</td><td>Space fill right</td></tr> </table>	~	Enter clinician's NPI	~	State License Number or UPIN no longer accepted	~	Space fill right	
~	Enter clinician's NPI															
~	State License Number or UPIN no longer accepted															
~	Space fill right															
112**	Referring Clinician NPI Number	842	851	10	X		L	83b (UB92), 78-79 (UB04)	ID# of the referring clinician. Instruction as above.							
113*	Outpatient Site ID #	852	853	2		X	R		The surgical site of the patient surgical service <table border="1"> <tr><td>~</td><td>Zero fill left</td></tr> </table>	~	Zero fill left	01 = On Campus Site Off campus sites are to be specified according to the Site Designation of Data Coordinator Forms				
~	Zero fill left															
114	Filler	854	858	5	X				Blank fill							
115*	ICD Diagnosis Code Version Qualifier	859	859	1		X	L	69 (UB92), 66	The qualifier code value for the version of International Classification of Diseases being used by the hospital	<table border="1"> <tr><td>9</td><td>= ICD-9 Version</td></tr> <tr><td>0</td><td>ICD-10 Version Effective 10/1/2015</td></tr> </table>	9	= ICD-9 Version	0	ICD-10 Version Effective 10/1/2015		
9	= ICD-9 Version															
0	ICD-10 Version Effective 10/1/2015															

* Required Field ** Required if present in the record

Kentucky IPOP Outpatient Data
Expanded Flat file Format Layout

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
								(UB04)		
116**	9 th Other Diagnosis Code	860	867	8	X		L	67 (UB04)	Same as element #13	Same as element #13
117**	10 th Other Diagnosis Code	868	875	8	X		L	67 (UB04)	Same as element #13	Same as element #13
118**	11 th Other Diagnosis Code	876	883	8	X		L	67 (UB04)	Same as element #13	Same as element #13
119**	12 th Other Diagnosis Code	884	891	8	X		L	67 (UB04)	Same as element #13	Same as element #13
120**	13 th Other Diagnosis Code	892	899	8	X		L	67 (UB04)	Same as element #13	Same as element #13
121**	14 th Other Diagnosis Code	900	907	8	X		L	67 (UB04)	Same as element #13	Same as element #13
122**	15 th Other Diagnosis Code	908	915	8	X		L	67 (UB04)	Same as element #13	Same as element #13
123**	16 th Other Diagnosis Code	916	923	8	X		L	67 (UB04)	Same as element #13	Same as element #13

* Required Field ** Required if present in the record

Kentucky IPOP Outpatient Data
Expanded Flat file Format Layout

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
124**	17 th Other Diagnosis Code	924	931	8	X		L	67 (UB04)	Same as element #13	Same as element #13
125**	18 th Other Diagnosis Code	932	939	8	X		L	67 (UB04)	Same as element #13	Same as element #13
126**	19 th Other Diagnosis Code	940	947	8	X		L	67 (UB04)	Same as element #13	Same as element #13
127**	20 th Other Diagnosis Code	948	955	8	X		L	67 (UB04)	Same as element #13	Same as element #13
128**	21 th Other Diagnosis Code	956	963	8	X		L	67 (UB04)	Same as element #13	Same as element #13
129**	22 th Other Diagnosis Code	964	971	8	X		L	67 (UB04)	Same as element #13	Same as element #13
130**	23 th Other Diagnosis Code	972	979	8	X		L	67 (UB04)	Same as element #13	Same as element #13
131**	24 th Other Diagnosis Code	980	986	8	X		L	67 (UB04)	Same as element #13	Same as element #13
132**	1 ST E-Code (ICD-9-CM code)	988	995	8	X		L	67a	ICD External Cause of Injury (ECI) code to designate causative event of	

* Required Field ** Required if present in the record

Kentucky IPOP Outpatient Data
Expanded Flat file Format Layout

Data Element	Description	Position From	Position To	Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts								
	External Causes of Morbidity Code (ICD-10-CM as of 10/1/2015)							(UB92), 72 (UB04)	condition or injury As of 10/1/2015 ICD-10-CM External Causes of Morbidity codes will be accepted. <table border="1"> <tr> <td>~</td> <td>Must be consistent with patient's age and gender</td> </tr> <tr> <td>~</td> <td>Must be valid ICD E-Code for discharge date</td> </tr> <tr> <td>~</td> <td>Space fill right</td> </tr> <tr> <td>~</td> <td>No decimals</td> </tr> </table>	~	Must be consistent with patient's age and gender	~	Must be valid ICD E-Code for discharge date	~	Space fill right	~	No decimals	
~	Must be consistent with patient's age and gender																	
~	Must be valid ICD E-Code for discharge date																	
~	Space fill right																	
~	No decimals																	
133**	2 nd E-Code (ICD-9-CM code) External Causes of Morbidity Code (ICD-10-CM as of 10/1/2015)	996	1003	8	X		L	67b (UB92), 72 (UB04)	Same as element #162	Same as element #162								
134**	3 rd E-Code (ICD-9-CM code) External Causes of Morbidity Code (ICD-10-CM as of 10/1/2015)	1004	1011	8	X		L	67b (UB92), 72 (UB04)	Same as element #162	Same as element #162								
135**	6 th Other Procedure Code	1012	1025	14	X		L	81 (UB92), 74 (UB04)	Same as element #25									

* Required Field ** Required if present in the record

Kentucky IPOP Outpatient Data
Expanded Flat file Format Layout

Data Element	Description	Position From	Position To	Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
136**	6 th Other Procedure Date	1026	1031	6		X		81 (UB92), 74 (UB04)	Same as element #26	
137**	7 th Other Procedure Code	1032	1045	14	X		L	81 (UB92), 74 (UB04)	Same as element #25	
138**	7 th Other Procedure Date	1046	1051	6		X		81 (UB92), 74 (UB04)	Same as element #26	
139**	8 th Other Procedure Code	1052	1065	14	X		L	81 (UB92), 74 (UB04)	Same as element #25	
140**	8 th Other Procedure Date	1066	1071	6		X		81 (UB92), 74 (UB04)	Same as element #26	
141**	9 th Other	1072	1085	14	X		L	81 (UB92),	Same as element #25	

* Required Field ** Required if present in the record

Kentucky IPOP Outpatient Data
Expanded Flat file Format Layout

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
	Procedure Code							74 (UB04)		
142**	9 th Other Procedure Date	1086	1091	6		X		81 (UB92), 74 (UB04)	Same as element #26	
143**	10 th Other Procedure Code	1092	1105	14	X		L	81 (UB92), 74 (UB04)	Same as element #25	
144**	10 th Other Procedure Date	1106	1111	6		X		81 (UB92), 74 (UB04)	Same as element #26	
145**	11 th Other Procedure Code	1112	1125	14	X		L	81 (UB92), 74 (UB04)	Same as element #25	
146**	11 th Other Procedure Date	1126	1131	6		X		81 (UB92), 74	Same as element #26	

* Required Field ** Required if present in the record

Kentucky IPOP Outpatient Data
Expanded Flat file Format Layout

Data Element	Description	Position From	Position To	Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
								(UB04)		
147**	12 th Other Procedure Code	1132	1145	14	X		L	81 (UB92), 74 (UB04)	Same as element #25	
148**	12 th Other Procedure Date	1146	1151	6		X		81 (UB92), 74 (UB04)	Same as element #26	
149**	13 th Other Procedure Code	1152	1165	14	X		L	81 (UB92), 74 (UB04)	Same as element #25	
150**	13 th Other Procedure Date	1166	1171	6		X		81 (UB92), 74 (UB04)	Same as element #26	
151**	14 th Other Procedure Code	1172	1185	14	X		L	81 (UB92), 74 (UB04)	Same as element #25	

* Required Field ** Required if present in the record

Kentucky IPOP Outpatient Data
Expanded Flat file Format Layout

Data Element	Description	Position From	Position To	Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
152**	14 th Other Procedure Date	1186	1191	6		X		81 (UB92), 74 (UB04)	Same as element #26	
153**	15 th Other Procedure Code	1192	1205	14	X		L	81 (UB92), 74 (UB04)	Same as element #25	
154**	15 th Other Procedure Date	1206	1211	6		X		81 (UB92), 74 (UB04)	Same as element #26	
155**	16 th Other Procedure Code	1212	1225	14	X		L	81 (UB92), 74 (UB04)	Same as element #25	
156**	16 th Other Procedure Date	1226	1231	6		X		81 (UB92), 74 (UB04)	Same as element #26	
157**	17 th Other	1232	1245	14	X		L	81 (UB92),	Same as element #25	

* Required Field ** Required if present in the record

Kentucky IPOP **Outpatient** Data
Expanded Flat file Format Layout

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
	Procedure Code							74 (UB04)		
158**	17 th Other Procedure Date	1246	1251	6		X		81 (UB92), 74 (UB04)	Same as element #26	
159**	18 th Other Procedure Code	1252	1265	14	X		L	81 (UB92), 74 (UB04)	Same as element #25	
160**	18 th Other Procedure Date	1266	1271	6		X		81 (UB92), 74 (UB04)	Same as element #26	
161**	19 th Other Procedure Code	1272	1285	14	X		L	81 (UB92), 74 (UB04)	Same as element #25	
162**	19 th Other Procedure Date	1286	1291	6		X		81 (UB92), 74	Same as element #26	

* Required Field ** Required if present in the record

Kentucky IPOP Outpatient Data
Expanded Flat file Format Layout

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
								(UB04)		
163**	20 th Other Procedure Code	1292	1305	14	X		L	81 (UB92), 74 (UB04)	Same as element #25	
164**	20 th Other Procedure Date	1306	1311	6		X		81 (UB92), 74 (UB04)	Same as element #26	
165**	21 st Other Procedure Code	1312	1325	14	X		L	81 (UB92), 74 (UB04)	Same as element #25	
166**	21 st Other Procedure Date	1326	1331	6		X		81 (UB92), 74 (UB04)	Same as element #26	
167**	22 nd Other Procedure Code	1332	1345	14	X		L	81 (UB92), 74 (UB04)	Same as element #25	

* Required Field ** Required if present in the record

Kentucky IPOP Outpatient Data
Expanded Flat file Format Layout

Data Element	Description	Position From	Position To	Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
168**	22 nd Other Procedure Date	1346	1351	6		X		81 (UB92), 74 (UB04)	Same as element #26	
169**	23 rd Other Procedure Code	1352	1365	14	X		L	81 (UB92), 74 (UB04)	Same as element #25	
170**	22 nd Other Procedure Date	1366	1371	6		X		81 (UB92), 74 (UB04)	Same as element #26	
171**	24 th Other Procedure Code	1372	1385	14	X		L	81 (UB92), 74 (UB04)	Same as element #25	
172**	24 th Other Procedure Date	1386	1391	6		X		81 (UB92), 74 (UB04)	Same as element #26	
173**	Operating Clinician ID	1392	1402	11	X		L	77	ID# of the individual with the primary responsibility for performing the surgical procedure(s). Required for	

* Required Field ** Required if present in the record

Kentucky IPOP Outpatient Data
Expanded Flat file Format Layout

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts						
	Number NPI							(UB04)	any outpatient record if there is a surgical CPT/HCPCS code present on the record. <table border="1"> <tr><td>~</td><td>Enter clinician's NPI number</td></tr> <tr><td>~</td><td>State license number or UPIN are no longer accepted</td></tr> <tr><td>~</td><td>Space fill right</td></tr> </table>	~	Enter clinician's NPI number	~	State license number or UPIN are no longer accepted	~	Space fill right	
~	Enter clinician's NPI number															
~	State license number or UPIN are no longer accepted															
~	Space fill right															
174*	Billing Provider Facility NPI (Facility Specific NPI or NPI Sub-ID)	1403	1417	15	X		L	1 (UB92), 56 (UB04)	The NPI assigned to the provider submitting the bill. Submit the FACILITY SPECIFIC NPI or NPI subpart on each patient record. <table border="1"> <tr><td>~</td><td>Space fill right</td></tr> </table>	~	Space fill right					
~	Space fill right															
175**	Filler	1418	1432	15	X				Blank fill							
176**	Other Provider Identifier	1433	1447	15	X		L		Field to be used to submit facility's current Provider Data Collection ID#, until NPI or NPI subpart is assigned							
177*	Filler	1448	1522	75	X				Blank fill							
178*	Statement Covers Period	1523	1534	12		X	R	06 (UB04)	From and Through dates (beginning and ending dates) of patient care. Discharge date will be derived from the "through date" <table border="1"> <tr><td>~</td><td>MMDDYY format</td></tr> </table>	~	MMDDYY format					
~	MMDDYY format															
179*	Primary Payer Name	1535	1557	23	X		L	50a (UB04)	Name of the Primary Payer source for the patient <table border="1"> <tr><td>~</td><td>Space fill right</td></tr> </table>	~	Space fill right					
~	Space fill right															
180**	Secondary Payer Name	1558	1580	23	X		L	50b (UB04)	Name of the Secondary Payer source for the patient <table border="1"> <tr><td>~</td><td>Space fill right</td></tr> </table>	~	Space fill right					
~	Space fill right															

* Required Field ** Required if present in the record

Kentucky IPOP Outpatient Data
Expanded Flat file Format Layout

Data Element	Description	Position From	Position To	Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts												
181**	Tertiary Payer Name	1581	1603	23	X		L	50c (UB04)	Name of the Tertiary Payer source for the patient ~ Space fill right													
182	Filler	1604	1606	3	X				Blank fill													
183*	Race	1607	1608	2	X				2 digit code designating patient's race, reported according to official OMB categories. ~ Must have one of the two digit code values to the right ~ Latino patients should be classified using a Race code to the right, used in conjunction with the appropriate Ethnicity code (element 184)	<table border="1"> <tr><td>R1</td><td>= American Indian or Alaska Native</td></tr> <tr><td>R2</td><td>= Asian</td></tr> <tr><td>R3</td><td>= Black or African American</td></tr> <tr><td>R4</td><td>= Native Hawaiian or Pacific Islander</td></tr> <tr><td>R5</td><td>= White</td></tr> <tr><td>R9</td><td>= Other</td></tr> </table> <p><i>No more than 3% of cases may contain R9 - Other</i></p>	R1	= American Indian or Alaska Native	R2	= Asian	R3	= Black or African American	R4	= Native Hawaiian or Pacific Islander	R5	= White	R9	= Other
R1	= American Indian or Alaska Native																					
R2	= Asian																					
R3	= Black or African American																					
R4	= Native Hawaiian or Pacific Islander																					
R5	= White																					
R9	= Other																					
184*	Ethnicity	1609	1610	2	X				2 digit code designating patient's ethnic background, reported according to official OMB categories. ~ Must have one of the two digit code values to the right	<table border="1"> <tr><td>E1</td><td>= Hispanic or Latino Ethnicity</td></tr> <tr><td>E2</td><td>= Non Hispanic or Latino Ethnicity</td></tr> </table>	E1	= Hispanic or Latino Ethnicity	E2	= Non Hispanic or Latino Ethnicity								
E1	= Hispanic or Latino Ethnicity																					
E2	= Non Hispanic or Latino Ethnicity																					

* Required Field ** Required if present in the record

Kentucky IPOP Outpatient Data
Expanded Flat file Format Layout

Data Element	Description	Position From	Position To	Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts																																																								
185**	Admission Hour	1611	1612	2		X		18 (UB92), 13 (UB04)	2-digit code refers to the hour during which the patient was admitted for outpatient care. <table border="1" style="margin-left: 20px;"> <tr> <td>~</td> <td>Must use HH code format from list to the right</td> </tr> <tr> <td>~</td> <td>Hospital must map the military admission time to the hour (HH) coding structure</td> </tr> </table>	~	Must use HH code format from list to the right	~	Hospital must map the military admission time to the hour (HH) coding structure	<table border="1"> <thead> <tr> <th colspan="2">Code Time AM</th> </tr> </thead> <tbody> <tr><td>00</td><td>= 12:00 – 12:59 Midnight</td></tr> <tr><td>01</td><td>= 01:00 – 01:59</td></tr> <tr><td>02</td><td>= 02:00 – 02:59</td></tr> <tr><td>03</td><td>= 03:00 – 03:59</td></tr> <tr><td>04</td><td>= 04:00 – 04:59</td></tr> <tr><td>05</td><td>= 05:00 – 05:59</td></tr> <tr><td>06</td><td>= 06:00 – 06:59</td></tr> <tr><td>07</td><td>= 07:00 – 07:59</td></tr> <tr><td>08</td><td>= 08:00 – 08:59</td></tr> <tr><td>09</td><td>= 09:00 – 09:59</td></tr> <tr><td>10</td><td>= 10:00 – 10:59</td></tr> <tr><td>11</td><td>= 11:00 – 11:59</td></tr> </tbody> </table> <table border="1"> <thead> <tr> <th colspan="2">Code Time PM</th> </tr> </thead> <tbody> <tr><td>12</td><td>= 12:00 – 12:59 Midnight</td></tr> <tr><td>13</td><td>= 01:00 – 01:59</td></tr> <tr><td>14</td><td>= 02:00 – 02:59</td></tr> <tr><td>15</td><td>= 03:00 – 03:59</td></tr> <tr><td>16</td><td>= 04:00 – 04:59</td></tr> <tr><td>17</td><td>= 05:00 – 05:59</td></tr> <tr><td>18</td><td>= 06:00 – 06:59</td></tr> <tr><td>19</td><td>= 07:00 – 07:59</td></tr> <tr><td>20</td><td>= 08:00 – 08:59</td></tr> <tr><td>21</td><td>= 09:00 – 09:59</td></tr> <tr><td>22</td><td>= 10:00 – 10:59</td></tr> <tr><td>23</td><td>= 11:00 – 11:59</td></tr> </tbody> </table>	Code Time AM		00	= 12:00 – 12:59 Midnight	01	= 01:00 – 01:59	02	= 02:00 – 02:59	03	= 03:00 – 03:59	04	= 04:00 – 04:59	05	= 05:00 – 05:59	06	= 06:00 – 06:59	07	= 07:00 – 07:59	08	= 08:00 – 08:59	09	= 09:00 – 09:59	10	= 10:00 – 10:59	11	= 11:00 – 11:59	Code Time PM		12	= 12:00 – 12:59 Midnight	13	= 01:00 – 01:59	14	= 02:00 – 02:59	15	= 03:00 – 03:59	16	= 04:00 – 04:59	17	= 05:00 – 05:59	18	= 06:00 – 06:59	19	= 07:00 – 07:59	20	= 08:00 – 08:59	21	= 09:00 – 09:59	22	= 10:00 – 10:59	23	= 11:00 – 11:59
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00	= 12:00 – 12:59 Midnight																																																																	
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22	= 10:00 – 10:59																																																																	
23	= 11:00 – 11:59																																																																	
186	Filler	1613	1614	2	X				Blank fill																																																									
187	Filler	1615	1621	7	X				Blank fill																																																									
188	Filler	1622	1623	2	X				Blank fill																																																									

* Required Field ** Required if present in the record

Kentucky IPOP Outpatient Data
Expanded Flat file Format Layout

Data Element	Description	Position From	Position To	Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts				
189	Filler	1624	1629	6	X				Blank fill					
190	Filler	1630	1635	6	X				Blank fill					
191	Filler	1636	1637	2	X				Blank fill					
192	Filler	1638	1639	2	X				Blank fill					
193	Filler	1640	1641	2	X				Blank fill					
194	Filler	1642	1643	2	X				Blank fill					
195	Filler	1644	1649	6	X				Blank fill					
196	Filler	1650	1651	2	X				Blank fill					
197	Filler	1652	1657	6	X				Blank fill					
198	Filler	1658	1659	2	X				Blank fill					
199	Filler	1660	1663	4	X				Blank fill					
200**	1 st "Patient's Reason for Visit" Diagnosis Code	1664	1670	7	X		L	70a (UP04)	<p>Must be valid ICD-9-CM diagnosis code or as of October 1, 2015 a valid ICD-10-CM diagnosis code describing the patient's reason for visit at time of outpatient registration. Required for any unscheduled outpatient visit.</p> <table border="1"> <tr> <td>~</td> <td>Must be consistent with patient's age and gender</td> </tr> <tr> <td>~</td> <td>Space fill right, no decimals</td> </tr> </table>	~	Must be consistent with patient's age and gender	~	Space fill right, no decimals	
~	Must be consistent with patient's age and gender													
~	Space fill right, no decimals													
201	2 nd "Patient's Reason for Visit"	1671	1677	7	X		L	70b	As above					

* Required Field ** Required if present in the record

Kentucky IPOP Outpatient Data
Expanded Flat file Format Layout

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
	Diagnosis Code							(UB04)		
202	3 rd "Patient's Reason for Visit" Diagnosis Code	1678	1684	7	X		L	70c (UB04)	As above	
203*	1 st CPT®/HCPCS Service Line Item	1685	1698	14	X		L	44 (UB04)	CPT®/HCPCS codes, plus modifiers, if applicable, for outpatient services. ~ 5 digit code, plus up to four 2-digit modifiers may be reported for any service line item ~ Must be valid codes/modifiers for discharge date timeframe ~ Space fill right	There must be a related Revenue Code and Charge for every Service Line Item on the patient record.
204*	1 st CPT®/HCPCS Service Date	1699	1704	6		X	R	45 (UB04)	Service Date for each CPT®/HCPCS code reported in the service line item above ~ MMDDYY format	CPT®/HCPCS Service Line Item and Dates must also be reported in the Procedure Codes and Date fields.
205**	2 nd CPT®/HCPCS Service Line Item	1705	1718	14	X		L	44 (UB04)	Same as element #203	
206**	2 nd CPT®/HCPCS Service Date	1719	1724	6		X	R	45 (UB04)	Same as element #204	
207**	3 rd CPT®/HCPCS Service Line Item	1725	1738	14	X		L	44 (UB04)	Same as element #203	
208**	3 rd CPT®/HCPCS	1739	1744	6		X	R	45	Same as element #204	

* Required Field ** Required if present in the record

Kentucky IPOP Outpatient Data
Expanded Flat file Format Layout

Data Element	Description	Position From	To	Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
	Service Date							(UB04)		
209**	4 th CPT®/HCPCS Service Line Item	1745	1758	14	X		L	44 (UB04)	Same as element #203	
210**	4 th CPT®/HCPCS Service Date	1759	1764	6		X	R	45 (UB04)	Same as element #204	
211**	5 th CPT®/HCPCS Service Line Item	1765	1778	14	X		L	44 (UB04)	Same as element #203	
212**	5 th CPT®/HCPCS Service Date	1779	1784	6		X	R	45 (UB04)	Same as element #204	
213**	6 th CPT®/HCPCS Service Line Item	1785	1798	14	X		L	44 (UB04)	Same as element #203	
214**	6 th CPT®/HCPCS Service Date	1799	1804	6		X	R	45 (UB04)	Same as element #204	
215**	7 th CPT®/HCPCS Service Line Item	1805	1818	14	X		L	44 (UB04)	Same as element #203	
216**	7 th CPT®/HCPCS Service Date	1819	1824	6		X	R	45 (UB04)	Same as element #204	

* Required Field ** Required if present in the record

Kentucky IPOP Outpatient Data
Expanded Flat file Format Layout

Data Element	Description	Position From	Position To	Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
217**	8 th CPT®/HCPCS Service Line Item	1825	1838	14	X		L	44 (UB04)	Same as element #203	
218**	8 th CPT®/HCPCS Service Date	1839	1844	6		X	R	45 (UB04)	Same as element #204	
219**	9 th CPT®/HCPCS Service Line Item	1845	1858	14	X		L	44 (UB04)	Same as element #203	
220**	9 th CPT®/HCPCS Service Date	1859	1864	6		X	R	45 (UB04)	Same as element #204	
221**	10 th CPT®/HCPCS Service Line Item	1865	1878	14	X		L	44 (UB04)	Same as element #203	
222**	10 th CPT®/HCPCS Service Date	1879	1884	6		X	R	45 (UB04)	Same as element #204	
223**	11 th CPT®/HCPCS Service Line Item	1885	1898	14	X		L	44 (UB04)	Same as element #203	
224**	11 th CPT®/HCPCS Service Date	1899	1904	6		X	R	45 (UB04)	Same as element #204	
225**	12 th CPT®/HCPCS	1905	1918	14	X		L	44	Same as element #203	

* Required Field ** Required if present in the record

Kentucky IPOP Outpatient Data
Expanded Flat file Format Layout

Data Element	Description	Position From	Position To	Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
	Service Line Item							(UB04)		
226**	12 th CPT®/HCPCS Service Date	1919	1924	6		X	R	45 (UB04)	Same as element #204	
227**	13 th CPT®/HCPCS Service Line Item	1925	1938	14	X		L	44 (UB04)	Same as element #203	
228**	13 th CPT®/HCPCS Service Date	1939	1944	6		X	R	45 (UB04)	Same as element #204	
229**	14 th CPT®/HCPCS Service Line Item	1945	1958	14	X		L	44 (UB04)	Same as element #203	
230**	14 th CPT®/HCPCS Service Date	1959	1964	6		X	R	45 (UB04)	Same as element #204	
231**	15 th CPT®/HCPCS Service Line Item	1965	1978	14	X		L	44 (UB04)	Same as element #203	
232**	15 th CPT®/HCPCS Service Date	1979	1984	6		X	R	45 (UB04)	Same as element #204	
233**	16 th CPT®/HCPCS Service Line Item	1985	1998	14	X		L	44 (UB04)	Same as element #203	

* Required Field ** Required if present in the record

Kentucky IPOP Outpatient Data
Expanded Flat file Format Layout

Data Element	Description	Position From	Position To	Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
234**	16 th CPT®/HCPCS Service Date	1999	2004	6		X	R	45 (UB04)	Same as element #204	
235**	17 th CPT®/HCPCS Service Line Item	2005	2018	14	X		L	44 (UB04)	Same as element #203	
236**	17 th CPT®/HCPCS Service Date	2019	2024	6		X	R	45 (UB04)	Same as element #204	
237**	18 th CPT®/HCPCS Service Line Item	2025	2038	14	X		L	44 (UB04)	Same as element #203	
238**	18 th CPT®/HCPCS Service Date	2039	2044	6		X	R	45 (UB04)	Same as element #204	
239**	19 th CPT®/HCPCS Service Line Item	2045	2058	14	X		L	44 (UB04)	Same as element #203	
240**	19 th CPT®/HCPCS Service Date	2059	2064	6		X	R	45 (UB04)	Same as element #204	
241**	20 th CPT®/HCPCS Service Line Item	2065	2078	14	X		L	44 (UB04)	Same as element #203	
242**	20 th CPT®/HCPCS	2079	2084	6		X	R	45	Same as element #204	

* Required Field ** Required if present in the record

Kentucky IPOP Outpatient Data
Expanded Flat file Format Layout

Data Element	Description	Position From	Position To	Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
	Service Date							(UB04)		
243**	21 st CPT®/HCPCS Service Line Item	2085	2098	14	X		L	44 (UB04)	Same as element #203	
244**	21 st CPT®/HCPCS Service Date	2099	2104	6		X	R	45 (UB04)	Same as element #204	
245**	22 nd CPT®/HCPCS Service Line Item	2105	2118	14	X		L	44 (UB04)	Same as element #203	
246**	22 nd CPT®/HCPCS Service Date	2119	2124	6		X	R	45 (UB04)	Same as element #204	
248*	Patient's Name (Last Name, First Name, Middle Initial)	2125	2158	34	X		L	12 (UB92), 8 (UB04)	Patient's legal name represented using Last Name, First Name and Middle Initial. ~ Use a comma to separate each portion of the patient's name ~ No space should be left between a prefix and name E.g. McDonald ~ Report hyphenated names with the hyphen. E.g. Smith-Jones, Jane ~ Report suffixes as Smith III,John	Required for all Outpatient Records
249*	Patient's Home Address (street)	2159	2198	40	X		L	13 (UB92)	The street address where the patient resides	Required for all Outpatient Records

* Required Field ** Required if present in the record

Kentucky IPOP Outpatient Data
Expanded Flat file Format Layout

Data Element	Description	Position From	Position To	Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
								9 Subfield a (UB04)		
250*	Patient's City	2199	2228	30	X		L	13 (UB92) 9 Subfield b (UB04)	The city where the patient resides	Required for all Outpatient Records
251*	Patient's State	2229	2230	2	X		L	13 (UB92) 9 Subfield C (UB04)	The 2 digit state abbreviation of the state where the patient resides	Required for all Outpatient Records
252	Filler	2231	2255	25						
253	Filler	2256	2257	2						
254*	Primary Insured's Member ID Number	2258	2277	20	X		L	60a (UB92) 60 Line a (UB04)	The unique number assigned by the health plan to the individual under whose name is the Primary insurance benefit is carried If the patient is self pay, charity or does not currently have any insurance please use: 987654321	Required for all Outpatient Records
255*	Medical Health	2278	2301	24	X		L	23 (UB92)	The number assigned to the patient's medical / health record by the	Required for all Outpatient Records

* Required Field ** Required if present in the record

Kentucky IPOP **Outpatient Data**
Expanded Flat file Format Layout

Data Element	Description	Position		Length	Alpha-numeric	Numeric Only	Field Justification	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
		From	To							
	Record Number							3b (UB04)	provider	
256	Filler	2302	2500	199	X				Blank Fill	

THERE MUST BE A LINE FEED AFTER POSITION 2500 FOR EVERY RECORD

SINGLE CHARACTER FIELDS SHOULD BE SUBMITTED IN UPPER CASE

* Required Field ** Required if present in the record

Inpatient and Outpatient 837 File Format Layout

The following pages contain the inpatient and outpatient 837 file format layout for submitting data records.

Kentucky IPOP Inpatient and Outpatient Data
837 File Format Layout

Segment Number	Data Segment / Element Description	837 Loop	Segment ID	Reference Description	837 Data Element	Qualifier	Position	UB Box # (Form Locator)	837 Manual Page #	Definition and Instruction	Reference Charts				
1*IO	Production Indicator	Header	ISA	ISA15	114	P=Production Data			B.3	Designation of whether the data being sent is for the Production or Test system. MUST be the first line of the entire file. Located in the Interchange Control Header.	Segment Example: ISA*00* *00* *ZZ*363720182 *ZZ*133052274*061109*1127*U*00401*000000887*1*T*~ (followed by Functional Group Header Segment)				
										~ Character information MUST be filled in after each ZZ character or segment will reject. ~ The 1 st element separator defines the element separator to be used through the entire record.					
2*IO	Facility Specific NPI, NPI Sub ID or Data Collection ID #	2010AA	NM1	NM109	67	NM108 =XX(NPI) =24 (EIN)	015	1 (UB92) 56 (UB04)	76 – 78	Identifying # for facility where services are rendered. Name is not to be reported.	<table border="1"> <tr><td>ID</td><td>= Tax ID</td></tr> <tr><td>KY</td><td>= Tax ID</td></tr> </table> Segment Example: NM1*85*2*ABC Hospital*****24*370662569~	ID	= Tax ID	KY	= Tax ID
ID	= Tax ID														
KY	= Tax ID														
										~ Enter facility's Master NPI, Subpart NPI or existing COMPdata ID # at right ~ Facility Name (NM103) is in this segment, but is not loaded.					
3**I	Subscriber / Patient Combined Bill Information	2000B	HL	HL04	736		001		99-100	Code used to indicate whether patient claim is a combined bill.	Combined Bill Coding				
										~ Required only if combined bill ~ Must be a code in the chart to the right	<table border="1"> <tr><td>0</td><td>= Single bill for Mom only</td></tr> <tr><td>1</td><td>= Combined bill for mom and baby</td></tr> </table> Segment Example: HL*2*1*22*1~	0	= Single bill for Mom only	1	= Combined bill for mom and baby
0	= Single bill for Mom only														
1	= Combined bill for mom and baby														
4IO	Primary Insur Group #	2000B	SBR	SBR03	127	SBR01=P (Primary)	005	62A	101-105	The ID#, control #, or code assigned by the insurance carrier or plan administrator to identify the group under which the individual is covered.					

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Kentucky IPOP Inpatient and Outpatient Data
837 File Format Layout

Segment Number	Data Segment / Element Description	837 Loop	Segment ID	Reference Description	837 Data Element	Qualifier	Position	UB Box # (Form Locator)	837 Manual Page #	Definition and Instruction	Reference Charts
										~ Recorded only if corresponding payer ID# is present	Segment Example: SBR*P**X123456*BC/BS*****121~
4B **I	Patient's Relationship to Insured	2000B For destination payer when FL59=18 ~ 2000C for destination payer when FL59 not=18 ~ 2320 for non-destination payer with any valid code in FL59	SBR ~ PAT ~ SBR	SBR02 ~ PAT01 ~ SBR02	1069 ~ 1069 ~ 1069		005 ~ 007 ~ 290	59a (UB92), 59 Line a (UB04)	101-105 ~ 138-141 ~ 353-358	The 2 digit code indicating the relationship of the patient to the identified insured ~ Any codes submitted other than those to the right will be mapped to one of the codes listed	KBSR data element – required for children under 6 years of age with qualifying condition diagnoses (Except for Self Pay Patients) 01 = Spouse 04 = Grandfather or Grandmother 05 = Grandson or Granddaughter 07 = Nephew or Niece 10 = Foster Child 15 = Ward of the Court 17 = Stepson or Stepdaughter 18 = Self 19 = Child 20 = Employee 21 = Unknown 22 = Handicapped Dependent 23 = Sponsored Dependent 24 = Dependent to a Minor Dependent 29 = Significant Other 32 = Mother 33 = Father 36 = Emancipated Minor 39 = Organ Donor 40 = Cadaver Donor 41 = Injured Plaintiff 43 = Child Where Insured Has No Financial Responsibility 53 = Life Partner

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837 File Format Layout

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										Segment Examples: SBR*P*18*3103535*****CI~ ~ PAT*19*****01*145~ ~ SBR*P*18*3103535*****CI~	G8 = Other Relationship
5 **I *IO	Primary Insured's Name ~ Primary Insured's Member ID Number	2010BA for destination payer ~ 2330A for non-destination payer	NM1	NM103 NM104 NM105 NM107 ~ NM109	1035 1036 1037 1039 ~ 67	~ ~ ~ NM108=MI (Member Identification Number)	015 ~ ~ 325	58a (UB92) 58 Line a (UB04) ~ 60a (UB92) 60 Line a (UB04)	106-108 ~ 394-397	The name of the individual under whose name the Primary insurance benefit is carried. ~ Use an * to separate each portion of the patient's name. E.g. Last Name*First Name*Middle Initial ~ No space should be left between a prefix and name. E.g. McDonald ~ Report hyphenated names with the hyphen. E.g. Smith-Jones*Jane ~ Report suffixes (Sr., Jr., III) in NM107 ~ If the patient is self pay, charity or does not currently have any insurance please use:	KBSR data element – required for children under 6 years of age with qualifying condition Diagnoses(Except for Self Pay Patients) Segment Examples: NM1*KY*1*SMITH*JOHN****MI*P12740041~

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Segment Number	Data Segment / Element Description	837 Loop	Segment ID	Reference Description	837 Data Element	Qualifier	Position	UB Box # (Form Locator)	837 Manual Page #	Definition and Instruction	Reference Charts
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											987654321																																						
6 *IO	1st Individual Payer Name & ID #	2010BB	NM1	NM103 NM109	1035 67	NM101=PR (Payer) NM103=2 (Non-person entity) NM108=PI (Payer Identification)	015	50A (UB92), 51A (UB04)	123-125	Expected Principal Payment Source The name and number assigned to identify the health plan from which the provider might expect payment for the bill	Payer Mapping Codes																																						
										<table border="1"> <tr><td>~</td><td>Do not include hyphens, commas, periods or slashes</td></tr> <tr><td>~</td><td>Use only the 5 digit codes to the right</td></tr> <tr><td>~</td><td>BCBS plans have 3 digits</td></tr> <tr><td>~</td><td>Current active insurers (including self administered plans) use Federal ID #, which has 9 digits</td></tr> </table>	~	Do not include hyphens, commas, periods or slashes	~	Use only the 5 digit codes to the right	~	BCBS plans have 3 digits	~	Current active insurers (including self administered plans) use Federal ID #, which has 9 digits	<table border="1"> <tr><td>98910</td><td>= Medicare (Excl. Managed Care)</td></tr> <tr><td>98911</td><td>= Black Lung</td></tr> <tr><td>98912</td><td>= Charity – defined according to the Hospital policy at time of discharge</td></tr> <tr><td>98913</td><td>= Hill Burton Free Care</td></tr> <tr><td>98914</td><td>= Tricare (Champus)</td></tr> <tr><td>98915</td><td>= ChampVA</td></tr> <tr><td>98916</td><td>= In State Medicaid</td></tr> <tr><td>98917</td><td>= Out of State Medicaid</td></tr> <tr><td>98918</td><td>= Self Pay</td></tr> <tr><td>98921</td><td>= Commercial – Indemnity</td></tr> <tr><td>98922</td><td>= Commercial – HMO</td></tr> <tr><td>98923</td><td>= Commercial – PPO</td></tr> <tr><td>98924</td><td>= Commercial - Other</td></tr> <tr><td>98930</td><td>= Other Self Administered Plan</td></tr> <tr><td>98940</td><td>= Passport Medicaid Mgd. Care</td></tr> </table>	98910	= Medicare (Excl. Managed Care)	98911	= Black Lung	98912	= Charity – defined according to the Hospital policy at time of discharge	98913	= Hill Burton Free Care	98914	= Tricare (Champus)	98915	= ChampVA	98916	= In State Medicaid	98917	= Out of State Medicaid	98918	= Self Pay	98921	= Commercial – Indemnity	98922	= Commercial – HMO	98923	= Commercial – PPO	98924	= Commercial - Other	98930	= Other Self Administered Plan	98940	= Passport Medicaid Mgd. Care
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Segment Number	Data Segment / Element Description	837 Loop	Segment ID	Reference Description	837 Data Element	Qualifier	Position	UB Box # (Form Locator)	837 Manual Page #	Definition and Instruction	Reference Charts																																						
										Segment Example: NM1*PR*2*MEDICARE*****PI*98910	<table border="1"> <tr><td>98945</td><td>= Medicare Managed Care</td></tr> <tr><td>98950</td><td>= Workers Compensation</td></tr> <tr><td>98960</td><td>= Blue Cross Blue Shield Anthem Health Plans of KY PPO Plan</td></tr> <tr><td>00000</td><td>= Other</td></tr> <tr><td>98970</td><td>= Aetna Better Health of Kentucky formerly Coventry Care of Kentucky effective date 2/1/16</td></tr> <tr><td>98980</td><td>= WellCare of Kentucky</td></tr> <tr><td>98990</td><td>= Kentucky Spirit Health Plan End Date 1/1/2015</td></tr> <tr><td>98925</td><td>= VA</td></tr> <tr><td>98926</td><td>= Auto Insurance</td></tr> <tr><td>98927</td><td>= Other Facility</td></tr> <tr><td>98928</td><td>= Pending Insurance</td></tr> <tr><td>98929</td><td>= Humana Medicaid Managed Care</td></tr> <tr><td>98991</td><td>= BCBS Medicaid Managed Care</td></tr> <tr><td>98992</td><td>= WellCare Health Commercial Plan (effective 01/01/2015)</td></tr> <tr><td>98993</td><td>= Care Source KY Commercial Plan (effective 01/01/2015)</td></tr> <tr><td>98994</td><td>= Kentucky Health Cooperative Plan</td></tr> <tr><td>98901</td><td>= Aetna Health Commercial HMO Plan</td></tr> <tr><td>98902</td><td>= Aetna Health Commercial PPO Plan</td></tr> <tr><td>98903</td><td>= Humana Commercial POS Plan</td></tr> </table>	98945	= Medicare Managed Care	98950	= Workers Compensation	98960	= Blue Cross Blue Shield Anthem Health Plans of KY PPO Plan	00000	= Other	98970	= Aetna Better Health of Kentucky formerly Coventry Care of Kentucky effective date 2/1/16	98980	= WellCare of Kentucky	98990	= Kentucky Spirit Health Plan End Date 1/1/2015	98925	= VA	98926	= Auto Insurance	98927	= Other Facility	98928	= Pending Insurance	98929	= Humana Medicaid Managed Care	98991	= BCBS Medicaid Managed Care	98992	= WellCare Health Commercial Plan (effective 01/01/2015)	98993	= Care Source KY Commercial Plan (effective 01/01/2015)	98994	= Kentucky Health Cooperative Plan	98901	= Aetna Health Commercial HMO Plan	98902	= Aetna Health Commercial PPO Plan	98903	= Humana Commercial POS Plan
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Segment Number	Data Segment / Element Description	837 Loop	Segment ID	Reference Description	837 Data Element	Qualifier	Position	UB Box # (Form Locator)	837 Manual Page #	Definition and Instruction	Reference Charts
											98904 Humana Commercial HMO Plan 98905 Humana Commercial PPO Plan 98906 Anthem Health Plans of KY POS Plan 98907 Anthem Health Plans of KY Fee-For-Service Plan 98908 Anthem Health Plans of KY HMO Plan 98931 United Healthcare Commercial POS Plan 98932 United Healthcare Commercial Fee-For-Service Plan 98933 United Healthcare Commercial PPO Plan 98934 United Healthcare of KY Commercial POS Plan 98935 United Healthcare of KY Commercial HMO Plan 98936 United Healthcare of Ohio Commercial POS Plan 98937 Cigna Health & Life Fee-For-Service Commercial Plan 98938 Cigna Health & Life Commercial PPO Plan 98939 Nippon Life Insurance Company of America 98941 CareSource Kentucky HMO Plan 98942 Wellcare Health Plans of KY HMO Plan 98943 Pending MCO Insurance

No more than 1% of records may contain 00000

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Kentucky IPOP Inpatient and Outpatient Data
837 File Format Layout

Segment Number	Data Segment / Element Description	837 Loop	Segment ID	Reference Description	837 Data Element	Qualifier	Position	UB Box # (Form Locator)	837 Manual Page #	Definition and Instruction	Reference Charts
7 *IO	Patient's Name (Last name, First Name, Middle Initial)	2010BA if Patient is the Insured ~ 2010CA for all other situations	NM1	NM103 NM104 NM105 NM107	1035 1036 1037 1039		015	12 (UB92), 8 Subfield b (UB04)	142-144	Patient's legal name represented using Last Name, First Name, and Middle Initial. ~ Instructions same as for name in segment #5	Required for All Inpatient and Outpatient Records KBSR data element – required for children under 6 years of age with qualifying condition diagnoses Segment Example: NM1*KY*1*DOE*JANE****MI*401234567
8 *IO	Patient Street Address	2010BA if Patient is the Insured ~ 2010CA for all other situations	N3	N301 N302	166 166		025	13 (UB92), 9 Subfield A (UB04)	145	The street address where the patient resides	Required for All Inpatient and Outpatient Records KBSR data element – required for children under 6 years of age with qualifying condition diagnoses Segment Example: N3*777 ORCHARD ROAD~
9 *IO	Patient City / State	2010BA if Patient is the Insured ~ 2010CA for all other situations	N4	N401 N402	19 156		030	13 (UB92), 9 Subfield b& c (UB04)	146-147	The city and state where the patient resides	Required for All Inpatient and Outpatient Records KBSR data element – required for children under 6 years of age with qualifying condition diagnoses

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837 File Format Layout

Segment Number	Data Segment / Element Description	837 Loop	Segment ID	Reference Description	837 Data Element	Qualifier	Position	UB Box # (Form Locator)	837 Manual Page #	Definition and Instruction	Reference Charts																
											Segment Example: N4*MOREHEAD*KY*403511179~																
9B *IO	Patient Zip Code + 4	2010BA if Patient is the Insured ~ 2010A for all other situations	N4	N403	116		030	13 (UB92), 09 (UB04)	146-147	Zip Code of patient's residence ~ Unknown = 00000 Foreign = 99999 <i>No more than 1% of records may contain the above values.</i>	Required for All Inpatient and Outpatient Records Standard Segment – Also used for KBSR Segment Example: N4***KY*40253~																
10 *IO	Patient DOB ~ Gender ~ Race ~ Ethnicity Patient's Primary Phone Number	2010BA if Patient is the Subscriber (Insured) ~ 2010CA for all other situations	DMG	DMG02 DMG05 DMG11	1251 1109	DMG01 (1250)=D8 (Date) DMG03 (1068) =F,M,U (Gender)	032	14 15 (UB92) And 10 11 (UB04)	148-149	~ Date of Birth is reported in CCYYMMDD Format ~ DOB must occur prior to or on same date as discharge ~ Patient must be 124 years old or less ~ Edited to check patient's age vs. logic of diagnoses and procedures RET Format is RR:EE Race Coding 2 digit code designating patient's race, reported according to official OMB categories ~ Must have one of the two digit code values to the right	Gender Coding <table border="1"> <tr><td>M</td><td>= Male</td></tr> <tr><td>F</td><td>= Female</td></tr> <tr><td>U</td><td>= Unknown</td></tr> </table> <table border="1"> <tr><td>R1</td><td>=American Indian or Alaska Native</td></tr> <tr><td>R2</td><td>= Asian</td></tr> <tr><td>R3</td><td>= Black or African American</td></tr> <tr><td>R4</td><td>= Native Hawaiian or Pacific Islander</td></tr> <tr><td>R5</td><td>= White</td></tr> </table>	M	= Male	F	= Female	U	= Unknown	R1	=American Indian or Alaska Native	R2	= Asian	R3	= Black or African American	R4	= Native Hawaiian or Pacific Islander	R5	= White
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Segment Number	Data Segment / Element Description	837 Loop	Segment ID	Reference Description	837 Data Element	Qualifier	Position	UB Box # (Form Locator)	837 Manual Page #	Definition and Instruction	Reference Charts						
										<p>Ethnicity Coding 2 digit code designating patient's ethnicity, reported according to official OMB categories. ~ Must have one of the two digit code values to the right.</p> <p>Patient's Home Phone Number. Do not include a leading 1. Do not include area code. No dashes or parenthesis.</p> <p>For patients who do not have a primary phone number please use 1011234567</p>	<table border="1"> <tr> <td>R9</td> <td>= Other</td> </tr> </table> <p>No more than 3% of records may contain R9 = Other</p> <table border="1"> <tr> <td>E1</td> <td>= Hispanic or Latino Ethnicity</td> </tr> <tr> <td>E2</td> <td>= Non Hispanic or Latino Ethnicity</td> </tr> </table> <p>Segment Example: DMG*D8*19300708*F**R9:E2~</p> <p>555555555</p>	R9	= Other	E1	= Hispanic or Latino Ethnicity	E2	= Non Hispanic or Latino Ethnicity
R9	= Other																
E1	= Hispanic or Latino Ethnicity																
E2	= Non Hispanic or Latino Ethnicity																
11 *IO	Patient Control Number / ID# ~ Total Charge for Claim ~	2300	CLM	CLM01 CLM02 ~ CLM05 1-3	1028 782 ~ 1331 1332	CLM05-2=A (Freq Type / Bill Type)	130	3 47 4 (UB92) And	154-159	<p>Patient ID is a hospital assigned # that uniquely identifies each patient</p> <p>Total Charges for the entire patient claim</p> <table border="1"> <tr> <td>~</td> <td>Report only the total charges for the patient case. No associated revenue codes used. Total charges will only</td> </tr> </table>	~	Report only the total charges for the patient case. No associated revenue codes used. Total charges will only	<p>Bill Type is a 3 digit code indicating if bill is Inpatient or Outpatient.</p> <p>Submit final bills only. No interim bills accepted.</p>				
~	Report only the total charges for the patient case. No associated revenue codes used. Total charges will only																

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Segment Number	Data Segment / Element Description	837 Loop	Segment ID	Reference Description	837 Data Element	Qualifier	Position	UB Box # (Form Locator)	837 Manual Page #	Definition and Instruction	Reference Charts																		
	Bill Type				1325			3A 47 4 29 (UB04)		<table border="1"> <tr> <td></td> <td>be abstracted from this field. Case will reject if Total Charge is not reported in this field.</td> </tr> <tr> <td>~</td> <td>The sum of all charges must be positive</td> </tr> </table>		be abstracted from this field. Case will reject if Total Charge is not reported in this field.	~	The sum of all charges must be positive	<p>CLM05 Qualifier of A designates the Frequency Type portion of the Bill Type code.</p> <p>Example: Bill Type 111 = 11:A:1</p> <table border="1"> <tr> <td>110</td> <td>Hospital; inpatient (including Medicare part A); non-payment/zero claim</td> </tr> <tr> <td>111</td> <td>Hospital; inpatient (including Medicare Part A); admit through discharge claim</td> </tr> <tr> <td>121</td> <td>Hospital; inpatient (including Medicare Part B only); admit through discharge claim</td> </tr> <tr> <td>131</td> <td>Hospital; Outpatient; Admit through Discharge Claim</td> </tr> <tr> <td>431</td> <td>Religious non-medical healthcare institution – Hospital inpatient; outpatient; admit through Discharge claim</td> </tr> <tr> <td>731</td> <td>Clinic; Free-standing; admit through Discharge claim</td> </tr> <tr> <td>831</td> <td>Special facility or ASC surgery; freestanding; Admit through discharge</td> </tr> </table>	110	Hospital; inpatient (including Medicare part A); non-payment/zero claim	111	Hospital; inpatient (including Medicare Part A); admit through discharge claim	121	Hospital; inpatient (including Medicare Part B only); admit through discharge claim	131	Hospital; Outpatient; Admit through Discharge Claim	431	Religious non-medical healthcare institution – Hospital inpatient; outpatient; admit through Discharge claim	731	Clinic; Free-standing; admit through Discharge claim	831	Special facility or ASC surgery; freestanding; Admit through discharge
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								# (Form Locator)	837 Manual Page #			
											851	Special facility or ASC surgery; Comprehensive Outpatient Rehab Facility (CORF); Admit through discharge claim
											117	Hospital, Inpatient (Including Medicare Part A), Replacement of Prior Claim
											180	Swing Bed – Non Covered Stay
											181	Swing Bed – Admit through Discharge claim
											211	Skilled Nursing Facility – Admit through Discharge claim
											212	Skilled Nursing Facility – Initial Claim Only
											141	= Hospital Other (for hospital referenced diagnostic services or home health not under a plan of treatment); Admit through Discharge
											182	= Hospital Swing Bed interim-First Claim Used
											184	= Hospital Swing Beds Interim-Last Claim
											213	= Skilled Nursing Inpatient (Including Medicare Part A) Interim-Continuing Claim
											214	= Skilled Nursing Inpatient (Including

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											<table border="1"> <tr> <td></td> <td>Medicare Part A) Interim – Last Claim</td> </tr> <tr> <td>223</td> <td>= Skilled Nursing Inpatient (Medicare Part B Only) Interim-Continuing Claims</td> </tr> <tr> <td>224</td> <td>= Skilled Nursing Inpatient (Medicare Part B Only) Interim-Last Claim</td> </tr> </table>		Medicare Part A) Interim – Last Claim	223	= Skilled Nursing Inpatient (Medicare Part B Only) Interim-Continuing Claims	224	= Skilled Nursing Inpatient (Medicare Part B Only) Interim-Last Claim																										
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223	= Skilled Nursing Inpatient (Medicare Part B Only) Interim-Continuing Claims																																										
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12 *IO	Statement Covers Period	2300	DTP	DTP03	1251	DTP01 (374) = 434 (statement) DTP02 (1250)=RD8 (Date Range)	135	6 (UB04)	162-163	<p>From and Through dates (beginning and ending) dates of patient care. Discharge date will be derived from the “through date”</p> <table border="1"> <tr> <td>~</td> <td>CCYYMMDD -CCYYMMDD format</td> </tr> </table>	~	CCYYMMDD -CCYYMMDD format	<p>Segment Example: DTP*434*RD8*20061003-20061018~</p>																														
~	CCYYMMDD -CCYYMMDD format																																										
13 **IO & **O	Admission Date & Hour	2300	DTP	DTP03	1251	DTP01 (374)=435 (statement) DTP02 (1250)-DT (Date/Time)	135	17 18 (UB92) And 12 13 (UB04)	164-165	<p>Date of admission as inpatient or outpatient</p> <table border="1"> <tr> <td>~</td> <td>CCYYMMDDHHMM format</td> </tr> <tr> <td>~</td> <td>No hyphens or slashes</td> </tr> <tr> <td>~</td> <td>Admission date cannot precede birth date or 1993</td> </tr> <tr> <td>~</td> <td>Discharge date cannot precede admission date</td> </tr> <tr> <td>~</td> <td>Required for both IP and OP</td> </tr> </table> <p>Hour reported as 2 digit code referring to the hour during which the patient was admitted for Outpatient care.</p>	~	CCYYMMDDHHMM format	~	No hyphens or slashes	~	Admission date cannot precede birth date or 1993	~	Discharge date cannot precede admission date	~	Required for both IP and OP	<p>Code Time AM</p> <table border="1"> <tr> <td>00</td> <td>= 12:00 – 12:59 Midnight</td> </tr> <tr> <td>01</td> <td>= 1:00 – 1:59</td> </tr> <tr> <td>02</td> <td>= 2:00 – 2:59</td> </tr> <tr> <td>03</td> <td>= 3:00 – 3:59</td> </tr> <tr> <td>04</td> <td>= 4:00 – 4:59</td> </tr> <tr> <td>05</td> <td>= 5:00 – 5:59</td> </tr> <tr> <td>06</td> <td>= 6:00 – 6:59</td> </tr> <tr> <td>07</td> <td>= 7:00 – 7:59</td> </tr> <tr> <td>08</td> <td>= 8:00 – 8:59</td> </tr> <tr> <td>09</td> <td>= 9:00 – 9:59</td> </tr> <tr> <td>10</td> <td>= 10:00 – 10:59</td> </tr> </table>	00	= 12:00 – 12:59 Midnight	01	= 1:00 – 1:59	02	= 2:00 – 2:59	03	= 3:00 – 3:59	04	= 4:00 – 4:59	05	= 5:00 – 5:59	06	= 6:00 – 6:59	07	= 7:00 – 7:59	08	= 8:00 – 8:59	09	= 9:00 – 9:59	10	= 10:00 – 10:59
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I = Inpatient O = Outpatient

Kentucky IPOP Inpatient and Outpatient Data
837 File Format Layout

Segment Number	Data Segment / Element Description	837 Loop	Segment ID	Reference Description	837 Data Element	Qualifier	Position	UB Box		Definition and Instruction	Reference Charts	
								# (Form Locator)	837 Manual Page #			
										Inpatient hour not collected.	11	= 11:00 – 11:59
										~ Must use HH code format from list to the right.	Code Time PM	
										~ Hospital must map the military admission time to the hour (HH) coding structure	12	= 12:00 – 12:59 Noon
										~ DTP03 contains the date and time. Time portion is populated as 4 digits. Only the first 2 digits are read into the database.	13	= 1:00 – 1:59
										~ Required if available for OP only	14	= 2:00 – 2:59
											15	= 3:00 – 3:59
											16	= 4:00 – 4:59
											17	= 5:00 – 5:59
											18	= 6:00 – 6:59
											19	= 7:00 – 7:59
											20	= 8:00 – 8:59
											21	= 9:00 – 9:59
											22	= 10:00 – 10:59
											23	= 11:00 – 11:59
											Segment Example: DTP*435*DT*200610030237~	

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Kentucky IPOP Inpatient and Outpatient Data
837 File Format Layout

Segment Number	Data Segment / Element Description	837 Loop	Segment ID	Reference Description	837 Data Element	Qualifier	Position	UB Box # (Form Locator)	837 Manual Page #	Definition and Instruction	Reference Charts																																						
14	Priority (Type) of Visit / Admission Type	2300	CL1	CL101	1315		140	19	166-167	Priority of Visit code indicates the priority (type) of the admission <table border="1"> <tr> <td>~</td> <td>If priority of visit is newborn (4), patient age must be 0 years old.</td> </tr> <tr> <td>~</td> <td>Must be valid code to the right</td> </tr> </table>	~	If priority of visit is newborn (4), patient age must be 0 years old.	~	Must be valid code to the right	Coding Chart <table border="1"> <tr><td>1</td><td>= Emergency</td></tr> <tr><td>2</td><td>= Urgent</td></tr> <tr><td>3</td><td>= Elective</td></tr> <tr><td>4</td><td>= Newborn</td></tr> <tr><td>5</td><td>= Trauma Center</td></tr> <tr><td>9</td><td>= Information not Available</td></tr> </table> <i>No more than 1% of cases may contain</i> 9 – Information not Available <table border="1"> <tr><td>1</td><td>= Non-Health Care Facility</td></tr> <tr><td>2</td><td>= Clinic</td></tr> <tr><td>4</td><td>= Transfer from a Hospital (Different Facility)</td></tr> <tr><td>5</td><td>= Transfer from a SNF/ICF</td></tr> <tr><td>6</td><td>= Transfer from Another Health Care Facility</td></tr> <tr><td>7</td><td>= Emergency Room (Obsolete – eff. 7/1/10)</td></tr> <tr><td>8</td><td>= Court/Law Enforcement</td></tr> <tr><td>9</td><td>= Information not Available</td></tr> <tr><td>B</td><td>= Transferred from another Home Health Agency</td></tr> <tr><td>C</td><td>= Readmission to Same Home Health Agency</td></tr> <tr><td>D</td><td>= Transfer from One Distinct Unit of the Hospital to another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer</td></tr> </table>	1	= Emergency	2	= Urgent	3	= Elective	4	= Newborn	5	= Trauma Center	9	= Information not Available	1	= Non-Health Care Facility	2	= Clinic	4	= Transfer from a Hospital (Different Facility)	5	= Transfer from a SNF/ICF	6	= Transfer from Another Health Care Facility	7	= Emergency Room (Obsolete – eff. 7/1/10)	8	= Court/Law Enforcement	9	= Information not Available	B	= Transferred from another Home Health Agency	C	= Readmission to Same Home Health Agency	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
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*IO	~ Point of Origin / Source of Admission ~ Patient Discharge Status			CL102 CL103	1314 1352		(UB92) And 14 15 17 (UB04)			Data element becomes Point of Origin as of 10/01/07 discharges, and indicates the point of patient origin for this admission or visit. Source of Admission code indicates the source of the patient referral for cases discharged prior to 10/01/07. <table border="1"> <tr> <td>~</td> <td>Must be valid code to the right</td> </tr> </table>	~	Must be valid code to the right																																					
~	Must be valid code to the right																																																
										Segment Example: CL1*1*0163~																																							

* Required Field ** Required if present in the record

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Kentucky IPOP Inpatient and Outpatient Data
837 File Format Layout

Segment Number	Data Segment / Element Description	837 Loop	Segment ID	Reference Description	837 Data Element	Qualifier	Position	UB Box # (Form Locator)	837 Manual Page #	Definition and Instruction	Reference Charts				
											<table border="1"> <tr> <td>E</td> <td>= Transfer from Ambulatory Surgery Center</td> </tr> <tr> <td>F</td> <td>= Transfer from hospice and is under a hospice plan of care or enrolled in a hospice program</td> </tr> </table>	E	= Transfer from Ambulatory Surgery Center	F	= Transfer from hospice and is under a hospice plan of care or enrolled in a hospice program
E	= Transfer from Ambulatory Surgery Center														
F	= Transfer from hospice and is under a hospice plan of care or enrolled in a hospice program														
										<p>If Type of Admission / Priority (see next data element) indicates Newborn (4), Point of Origin must be one of the following:</p> <table border="1"> <tr> <td>5</td> <td>= Born Inside the Hospital</td> </tr> <tr> <td>6</td> <td>= Born outside the hospital</td> </tr> </table>	5	= Born Inside the Hospital	6	= Born outside the hospital	
5	= Born Inside the Hospital														
6	= Born outside the hospital														

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Kentucky IPOP Inpatient and Outpatient Data
837 File Format Layout

Segment Number	Data Segment / Element Description	837 Loop	Segment ID	Reference Description	837 Data Element	Qualifier	Position	UB Box # (Form Locator)	837 Manual Page #	Definition and Instruction	Reference Charts
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Segment Number	Data Segment / Element Description	837 Loop	Segment ID	Reference Description	837 Data Element	Qualifier	Position	UB Box # (Form Locator)	837 Manual Page #	Definition and Instruction	Reference Charts																				
										Patient's Status at time of discharge	Coding Chart <table border="1"> <tr> <td>01</td> <td>= Discharged to home or self care (routine discharge)</td> </tr> <tr> <td>02</td> <td>= Discharged/transferred to another short term general hospital for inpatient care</td> </tr> <tr> <td>03</td> <td>= Discharged/transferred to SNF w/ Medicare certification in anticipation of covered skilled care</td> </tr> <tr> <td>04</td> <td>= Discharged/transferred to ICF</td> </tr> <tr> <td>05</td> <td>= As of 04/01/08 – Discharged/transferred to a Designated Cancer Center or Children's Hospital Prior to 04/01/08 Discharged/transferred to another type of institution not defined elsewhere in this code list</td> </tr> <tr> <td>06</td> <td>= Discharged/transferred to home under care of organized home health service organization in anticipation of covered skilled care</td> </tr> <tr> <td>07</td> <td>= Left against medical advice or discontinued care</td> </tr> <tr> <td>09</td> <td>= Admitted as inpatient to this hospital</td> </tr> <tr> <td>10-19</td> <td>= Discharge defined at state level</td> </tr> <tr> <td>20</td> <td>= Expired</td> </tr> </table>	01	= Discharged to home or self care (routine discharge)	02	= Discharged/transferred to another short term general hospital for inpatient care	03	= Discharged/transferred to SNF w/ Medicare certification in anticipation of covered skilled care	04	= Discharged/transferred to ICF	05	= As of 04/01/08 – Discharged/transferred to a Designated Cancer Center or Children's Hospital Prior to 04/01/08 Discharged/transferred to another type of institution not defined elsewhere in this code list	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 inpatient to this hospital	10-19	= Discharge defined at state level	20	= Expired
01	= Discharged to home or self care (routine discharge)																														
02	= Discharged/transferred to another short term general hospital for inpatient care																														
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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 inpatient to this hospital																														
10-19	= Discharge defined at state level																														
20	= Expired																														

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Kentucky IPOP Inpatient and Outpatient Data
837 File Format Layout

Segment Number	Data Segment / Element Description	837 Loop	Segment ID	Reference Description	837 Data Element	Qualifier	Position	UB Box		Definition and Instruction	Reference Charts
								# (Form Locator)	837 Manual Page #		
											21 = Discharged/transferred to court/law enforcement (Eff 10/01/09)
											22-29 = Expired to be defined at state level
											30 = Still patient or Expected to Return for Outpatient Services
											31-39 = Still patient to be defined at state level
											40 = Expired at home (Medicare, CHAMPUS claims only for hospice care)
											41 = Expired in a medical facility (Medicare, CHAMPUS claims only for hospice care)
											42 = Expired – place unknown (Medicare, CHAMPUS claims only for hospice care)
											43 = Discharged/transferred to a Federal hospital
											44-49 = Reserved for National assignment
											50 = Hospice – home
											51 = Hospice – medical facility
											52-60 = Reserved for National assignment
											61 = Discharged/transferred within this institution to hospital-based Medicare approved swing bed
											62 = Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehab distinct part units of a

* Required Field ** Required if present in the record

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Kentucky IPOP Inpatient and Outpatient Data
837 File Format Layout

Segment Number	Data Segment / Element Description	837 Loop	Segment ID	Reference Description	837 Data Element	Qualifier	Position	UB Box		Definition and Instruction	Reference Charts
								# (Form Locator)	837 Manual Page #		
											hospital
											63 = Discharged/transferred to a Medicare certified long term care hospital (LTCH)
											64 = Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare
											65 = Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital
											66 = Discharged/transferred to a Critical Access Hospital (CAH) (Effective 01/01/06)
											69 = Discharge transferred to a designated disaster alternate care
											70 = Discharged/transferred to another Type of Health Care Institution not defined elsewhere in this code list Eff. 04/01/08
											73-81 = Reserved for National assignment
											81 = Discharged to Home or Self Care with a Planned Acute Care Hospital IP Readmission
											82 = Discharged/Transferred to a Short Term General Hospital for IP Care with a Planned Acute Care Hospital IP Readmission
											83 = Discharge/Transferred to a

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Kentucky IPOP Inpatient and Outpatient Data
837 File Format Layout

Segment Number	Data Segment / Element Description	837 Loop	Segment ID	Reference Description	837 Data Element	Qualifier	Position	UB Box		Definition and Instruction	Reference Charts	
								# (Form Locator)	837 Manual Page #			
												SNF with Medicare Certification with a Planned Acute Care Hospital IP Readmission
												84 = Discharged/Transferred to Facility that Provides Custodial or Supportive Care with a Planned Acute Care Hospital IP Readmission
												85 = Discharged/Transferred to a Designated Cancer Center or Children's Hospital with a Planned Acute Care Hospital IP Readmission
												86 = Discharged/Transferred to Home Under Care of Organized Home Health Organization with Planned Acute Care Hospital IP Readmission
												87 = Discharged/Transferred to Court/Law Enforcement with a Planned Acute Care Hospital IP Readmission
												88 = Discharged/Transferred to a Federal Health Care Facility with a Planned Acute Hospital IP Readmission
												89 = Discharged/Transferred to a Hospital-based Medicare Approved Swing Bed with a Planned Acute Care Hospital IP Readmission

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Kentucky IPOP Inpatient and Outpatient Data
837 File Format Layout

Segment Number	Data Segment / Element Description	837 Loop	Segment ID	Reference Description	837 Data Element	Qualifier	Position	UB Box		Definition and Instruction	Reference Charts
								# (Form Locator)	837 Manual Page #		
											90 = Discharged/Transferred to an IRF including Rehabilitation Distinct Part of a Hospital with a Planned Acute Care Hospital IP Readmission
											91 = Discharged/Transferred to a Medicare Certified Long Term Care Hospital (LTCH) with a Planned Acute Care Hospital IP Readmission
											92 = Discharged/Transferred to Nursing Facility Certified by Medicaid but not Certified by Medicare with Planned Acute Care Hosp IP Readmission
											93 =Discharged/Transferred to Psychiatric Hospital or Psychiatric Distinct Part of a Hospital with a Planned Acute Care Hosp IP Readmission
											94 = Discharged/Transferred to a Critical Access Hospital (CAH) with a Planned Acute Care Hospital IP Readmission
											95 = Discharged/Transferred to Another Type of Health Care Institution not Defined in this Code List with a Planned Acute Care Hosp IP Readmission

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Kentucky IPOP Inpatient and Outpatient Data
837 File Format Layout

Segment Number	Data Segment / Element Description	837 Loop	Segment ID	Reference Description	837 Data Element	Qualifier	Position	UB Box # (Form Locator)	837 Manual Page #	Definition and Instruction	Reference Charts										
15 *IO	Medical Health Record Number	2300	REF	REF02	127	REF01=EA (Medical Record Number)	180	23 (UB92) 3b (UB04)	195-196	The number assigned to the patient's medical / health record by the provider	Required for all Inpatient and Outpatient Records KBSR data element – required for children under 6 years of age with qualifying condition Diagnoses Segment Example: REF*EA*1230484376R~										
16 *I	Present on Admission (POA) Indicator ~ (located in the File information Segment)	2300		HI01-9	449	POA	185	67 (UB04)	199	Present on Admission Indicator – designates whether Dx's present at the time that the patient was admitted as an inpatient. ~ The first 3 characters in the string must be "POA," followed by the POA indicator for each of the 1 st – 25 th diagnoses, in respective order. ~ After the last POA indicator for the Other Diagnoses, must be a termination character of "Z" ~ POA indicator for the first E-Code diagnosis (in HI*BN segment) is to be reported after the "Z" termination character. POA indicators for any E-Code placed in a secondary/other diagnosis fields (in HI*BO segment) should be reported before the "Z" termination character.	POA Coding selections are below: <table border="1"> <tr><td>Y</td><td>= Yes</td></tr> <tr><td>N</td><td>= No</td></tr> <tr><td>W</td><td>= Clinically Undetermined</td></tr> <tr><td>U</td><td>= Information not in Record</td></tr> <tr><td>(Blank) or 1</td><td>= Exempt from POA Reporting (for specified diagnoses only)</td></tr> </table>	Y	= Yes	N	= No	W	= Clinically Undetermined	U	= Information not in Record	(Blank) or 1	= Exempt from POA Reporting (for specified diagnoses only)
Y	= Yes																				
N	= No																				
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Kentucky IPOP Inpatient and Outpatient Data
837 File Format Layout

Segment Number	Data Segment / Element Description	837 Loop	Segment ID	Reference Description	837 Data Element	Qualifier	Position	UB Box # (Form Locator)	837 Manual Page #	Definition and Instruction	Reference Charts						
										<table border="1"> <tr> <td></td> <td>As of 10/1/2015 POA indicator for the ICD-10-CM External Causes of Morbidity</td> </tr> <tr> <td>~</td> <td>For reporting purposes in this string, 1 must be used to designate an exempt (blank) POA indicator</td> </tr> </table>		As of 10/1/2015 POA indicator for the ICD-10-CM External Causes of Morbidity	~	For reporting purposes in this string, 1 must be used to designate an exempt (blank) POA indicator			
	As of 10/1/2015 POA indicator for the ICD-10-CM External Causes of Morbidity																
~	For reporting purposes in this string, 1 must be used to designate an exempt (blank) POA indicator																
17 *IO	ICD Diagnosis Code Version Qualifier	2300	HI	HI01-1	2310		127	66 (UB04)	N/A for 4010A1	<p>The qualifier code value for the version of International Classification of Diseases being used by the hospital.</p> <table border="1"> <tr> <td>~</td> <td>The 837 4010A1 version only accepts the ICD-9 coding. ICD-10 is accepted as of 10/1/2015 5010 version. This segment only applies to the 5010 version.</td> </tr> </table>	~	The 837 4010A1 version only accepts the ICD-9 coding. ICD-10 is accepted as of 10/1/2015 5010 version. This segment only applies to the 5010 version.	<table border="1"> <tr> <td>9</td> <td>= ICD-9 Version</td> </tr> <tr> <td>0</td> <td>ICD-10 Version Effective 10/1/2015</td> </tr> </table>	9	= ICD-9 Version	0	ICD-10 Version Effective 10/1/2015
~	The 837 4010A1 version only accepts the ICD-9 coding. ICD-10 is accepted as of 10/1/2015 5010 version. This segment only applies to the 5010 version.																
9	= ICD-9 Version																
0	ICD-10 Version Effective 10/1/2015																

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Kentucky IPOP Inpatient and Outpatient Data
837 File Format Layout

Segment Number	Data Segment / Element Description	837 Loop	Segment ID	Reference Description	837 Data Element	Qualifier	Position	UB Box # (Form Locator)	837 Manual Page #	Definition and Instruction	Reference Charts														
18	Principal Diagnosis*	2300	HI	HI01-2	CO22	HI01-1=BK	231	67	234-236	<p>Principal Diagnosis must be valid ICD-9-CM code established after admission as the primary reason for inpatient/outpatient care necessity</p> <p>Effective 10/1/2015 Principal Diagnosis must be a valid ICD-10-CM code</p> <table border="1"> <tr><td>~</td><td>Must be consistent with patient's age and gender</td></tr> <tr><td>~</td><td>No decimals</td></tr> <tr><td>~</td><td>If Principal Dx is V30 – V39 (with 0 as 4th digit), admission type must be 4 Principal ICD-10-CM diagnosis is Z38 as of 10/1/2015</td></tr> <tr><td>~</td><td>Applicable POA indicators must be reported in segment # 16</td></tr> </table> <p>Admitting Diagnosis must be valid ICD-9-CM diagnosis code describing the patient's diagnosis at time of Inpatient admission.</p> <p>Effective 10/1/2015 Admitting Diagnosis must be a valid ICD-10-CM code</p> <table border="1"> <tr><td>~</td><td>Must be consistent with patient's age and gender</td></tr> <tr><td>~</td><td>No decimals</td></tr> <tr><td>~</td><td>POA is NOT applicable</td></tr> </table>	~	Must be consistent with patient's age and gender	~	No decimals	~	If Principal Dx is V30 – V39 (with 0 as 4 th digit), admission type must be 4 Principal ICD-10-CM diagnosis is Z38 as of 10/1/2015	~	Applicable POA indicators must be reported in segment # 16	~	Must be consistent with patient's age and gender	~	No decimals	~	POA is NOT applicable	
~	Must be consistent with patient's age and gender																								
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~	Must be consistent with patient's age and gender																								
~	No decimals																								
~	POA is NOT applicable																								
*IO	~			HI02-2		BK = ICD-9		76																	
	Admitting Diagnosis (Inpatient)*			HI03-3		ABK = ICD-10 (PrincipalDx)		76																	
	~					~		(UB92)																	
	Patient's Reason for Visit (Outpatient)**					HI02-1=BJ		And																	
	~					BJ = ICD-9		67																	
	1 st E-Code**(ICD-9-CM code)					ABJ = ICD-10 (Admitting Dx)		69																	
	~					~		70A-C																	
	External Causes of Morbidity Code (ICD-10-CM as of 10/1/2015)					HI02-1=PR		72																	
						PR = ICD-9		(UB04)																	
						APR = ICD-10 (Pt's Reason Dx)																			
						~																			
						HI03-1=BN																			
						BN = ICD-9																			

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Segment Example:
Inpatient:

Kentucky IPOP Inpatient and Outpatient Data
837 File Format Layout

Segment Number	Data Segment / Element Description	837 Loop	Segment ID	Reference Description	837 Data Element	Qualifier	Position	UB Box # (Form Locator)	837 Manual Page #	Definition and Instruction	Reference Charts												
					ABN = ICD-1 (1 st E-code)					<p>Patient's Reason for Visit must be valid ICD-9-CM diagnosis reason for visit at time of Outpatient registration. Required for all unscheduled outpatient visits.</p> <p>Effective 10/1/2015 Patient's Reason for Visit Diagnosis must be a valid ICD-10-CM code</p> <table border="1"> <tr><td>~</td><td>Must be consistent with patient's age and gender</td></tr> <tr><td>~</td><td>No decimals</td></tr> <tr><td>~</td><td>Repeat data segment/loop up to 3 times for multiple Patient Reason for Visit</td></tr> <tr><td>~</td><td>POA is NOT applicable</td></tr> </table> <p>E-Code is ICD External Cause of Injury (ECI) code to designate causative event of condition or injury.</p> <p>As of 10/1/2015 ICD-10-CM External Causes of Morbidity code to designate causative event or condition or injury</p> <table border="1"> <tr><td>~</td><td>Must be consistent with patient's age and gender</td></tr> <tr><td>~</td><td>Must be valid ICD E-code for discharge date As of 10/1/2015 must be a valid ICD-10-CM External</td></tr> </table>	~	Must be consistent with patient's age and gender	~	No decimals	~	Repeat data segment/loop up to 3 times for multiple Patient Reason for Visit	~	POA is NOT applicable	~	Must be consistent with patient's age and gender	~	Must be valid ICD E-code for discharge date As of 10/1/2015 must be a valid ICD-10-CM External	<p>HI*BK:98959*BJ:41400~</p> <p>Outpatient:</p> <p>HI*BK:78659*PR:78650~</p> <p>Only the 1st E-Code is collected in this segment,</p> <p>Using Qualifier BN</p> <p>Must be valid ICD E-Code for discharge date</p> <p>Applicable POA Codes must be reported in Segment #16</p>
~	Must be consistent with patient's age and gender																						
~	No decimals																						
~	Repeat data segment/loop up to 3 times for multiple Patient Reason for Visit																						
~	POA is NOT applicable																						
~	Must be consistent with patient's age and gender																						
~	Must be valid ICD E-code for discharge date As of 10/1/2015 must be a valid ICD-10-CM External																						

* Required Field ** Required if present in the record

I = Inpatient O = Outpatient

Kentucky IPOP Inpatient and Outpatient Data
837 File Format Layout

Segment Number	Data Segment / Element Description	837 Loop	Segment ID	Reference Description	837 Data Element	Qualifier	Position	UB Box # (Form Locator)	837 Manual Page #	Definition and Instruction	Reference Charts										
										<table border="1"> <tr><td></td><td>Causes of Morbidity Code</td></tr> <tr><td>~</td><td>Space fill right, no decimals</td></tr> <tr><td>~</td><td>Repeat data segment/loop up to 3 times for multiple E-codes</td></tr> </table>		Causes of Morbidity Code	~	Space fill right, no decimals	~	Repeat data segment/loop up to 3 times for multiple E-codes					
	Causes of Morbidity Code																				
~	Space fill right, no decimals																				
~	Repeat data segment/loop up to 3 times for multiple E-codes																				
19 **IO	Other Diagnoses ~ Additional E-Codes(ICD-9-CM code) External Causes of Morbidity Code (ICD-10-CM as of 10/1/2015)	2300	HI	HI0x-2	C022	HI0x-1=BF BF = ICD-9 ABF = ICD-10 (Other Dx) ~ HI0z-1=BO (Add'l Outpatient E-Codes) ~ HI0z-1=BQ (Add'l Inpatient E-Codes)	231	68-75 (UB92) And 67A-Q (UB04)	239-248	<p>Additional conditions that coexist at time of admission, or develop during hospital stay, and has effect on the treatment provided or the length of stay</p> <table border="1"> <tr><td>~</td><td>Up to 24 Other Diagnoses are accepted. If more exists, include only those that affect the patient's treatment or length of stay. Avoid symptom codes.</td></tr> <tr><td>~</td><td>Must be consistent with patient's age and gender</td></tr> <tr><td>~</td><td>No decimals</td></tr> <tr><td>~</td><td>Repeat data segment/loop as many times as necessary to complete all diagnoses, up to a total of 24 secondary diagnoses.</td></tr> <tr><td>~</td><td>Additional E-codes must be reported in the secondary/other diagnosis segment, using Qualifier BO or BQ. As of 10/1/2015 additional External Causes of Morbidity Codes must be reported in the</td></tr> </table>	~	Up to 24 Other Diagnoses are accepted. If more exists, include only those that affect the patient's treatment or length of stay. Avoid symptom codes.	~	Must be consistent with patient's age and gender	~	No decimals	~	Repeat data segment/loop as many times as necessary to complete all diagnoses, up to a total of 24 secondary diagnoses.	~	Additional E-codes must be reported in the secondary/other diagnosis segment, using Qualifier BO or BQ. As of 10/1/2015 additional External Causes of Morbidity Codes must be reported in the	<p>POA coding must be reported in Segment #16</p> <p>Segment Example: HI*BF:99883*BF:42731*BF:2761*BF:V433*BF:</p>
~	Up to 24 Other Diagnoses are accepted. If more exists, include only those that affect the patient's treatment or length of stay. Avoid symptom codes.																				
~	Must be consistent with patient's age and gender																				
~	No decimals																				
~	Repeat data segment/loop as many times as necessary to complete all diagnoses, up to a total of 24 secondary diagnoses.																				
~	Additional E-codes must be reported in the secondary/other diagnosis segment, using Qualifier BO or BQ. As of 10/1/2015 additional External Causes of Morbidity Codes must be reported in the																				

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Kentucky IPOP Inpatient and Outpatient Data
837 File Format Layout

Segment Number	Data Segment / Element Description	837 Loop	Segment ID	Reference Description	837 Data Element	Qualifier	Position	UB Box # (Form Locator)	837 Manual Page #	Definition and Instruction	Reference Charts
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										secondary/other diagnosis segment using Qualifier BO or BQ	41400*BF:4019*BF:2449* BF:28529~												
20 **I	1 st Position Procedure Code and Date	2300	HI	HI101	C022	HI0x-1=BR BR = ICD-9 BBR = ICD-10 (IP ICD) ~ HI0x-3=D8 (Date)	231	80 (UB92) And 74 (UB04)	249-250	<p>Code for procedure performed for definitive treatment, not for exploratory purposes</p> <table border="1"> <tr> <td>~</td> <td>Only ICD-9-CM accepted for Inpatient Effective 10/1/2015 ICD-10-PCS accepted for Inpatient</td> </tr> <tr> <td>~</td> <td>Space fill right, no decimals or hyphens</td> </tr> <tr> <td>~</td> <td>Must be consistent with patient's gender</td> </tr> </table> <p>Date must be in CCYYMMDD format</p> <table border="1"> <tr> <td>~</td> <td>No hyphens or slashes</td> </tr> <tr> <td>~</td> <td>Procedure date cannot occur after discharge date</td> </tr> <tr> <td>~</td> <td>Procedure date can be prior to the admission date</td> </tr> </table>	~	Only ICD-9-CM accepted for Inpatient Effective 10/1/2015 ICD-10-PCS accepted for Inpatient	~	Space fill right, no decimals or hyphens	~	Must be consistent with patient's gender	~	No hyphens or slashes	~	Procedure date cannot occur after discharge date	~	Procedure date can be prior to the admission date	
~	Only ICD-9-CM accepted for Inpatient Effective 10/1/2015 ICD-10-PCS accepted for Inpatient																						
~	Space fill right, no decimals or hyphens																						
~	Must be consistent with patient's gender																						
~	No hyphens or slashes																						
~	Procedure date cannot occur after discharge date																						
~	Procedure date can be prior to the admission date																						

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Kentucky IPOP Inpatient and Outpatient Data
837 File Format Layout

Segment Number	Data Segment / Element Description	837 Loop	Segment ID	Reference Description	837 Data Element	Qualifier	Position	UB Box # (Form Locator)	837 Manual Page #	Definition and Instruction	Reference Charts										
21 **I	Other Procedure Codes and Dates	2300	HI	HI101	C022	HI0x-1=BQ BQ = ICD-9 BBQ = ICD-10 (IP ICD) ~ HI0x-1=D8 (Date)	231	81 (UB92) And 74A-E (UB04)	251-262	Codes for additional procedures performed other than 1 st position procedure <table border="1"> <tr> <td>~</td> <td>Instructions as for 1st Position Procedure Code/Date</td> </tr> </table> Date must be in CCYYMMDD format <table border="1"> <tr> <td>~</td> <td>No hyphens or slashes</td> </tr> <tr> <td>~</td> <td>Procedure date cannot occur after discharge date</td> </tr> <tr> <td>~</td> <td>Procedure date can be prior to admission date</td> </tr> <tr> <td>~</td> <td>Required if corresponding procedure is recorded</td> </tr> </table>	~	Instructions as for 1 st Position Procedure Code/Date	~	No hyphens or slashes	~	Procedure date cannot occur after discharge date	~	Procedure date can be prior to admission date	~	Required if corresponding procedure is recorded	Data segment/loop contains space for 12 procedures, and can be repeated twice to complete all procedures, up to a total of 24 secondary procedures. Segment Example: HI*BQ:7761:D8:20061006*BQ:7761:D8:20061010*BQ:8382:D8:20061010:BQ:101006:D8:20061010*BQ:3893:D8:20061004~
~	Instructions as for 1 st Position Procedure Code/Date																				
~	No hyphens or slashes																				
~	Procedure date cannot occur after discharge date																				
~	Procedure date can be prior to admission date																				
~	Required if corresponding procedure is recorded																				
22 **I	Newborn Birthweight in Grams: Value Code and Weight	2300	HI	HI0x-2 HI0x-5	C022	HI0x-1 (1270)=BE (Value Code) HI0x-2=54 (Birth Weight)	231	39-41 (UB04)	287-296	Value Code designating a birth weight in grams exists. <table border="1"> <tr> <td>~</td> <td>Required for Priority of Visit 4</td> </tr> <tr> <td>~</td> <td>Only 1 code is acceptable, noted to the right</td> </tr> </table> The actual value weight amount , reported in	~	Required for Priority of Visit 4	~	Only 1 code is acceptable, noted to the right	Value Code = 54 (Code indicates that an actual birth weight or weight at time of admission for an extramural birth, in grams, is in existence)						
~	Required for Priority of Visit 4																				
~	Only 1 code is acceptable, noted to the right																				

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Kentucky IPOP Inpatient and Outpatient Data
837 File Format Layout

Segment Number	Data Segment / Element Description	837 Loop	Segment ID	Reference Description	837 Data Element	Qualifier	Position	UB Box # (Form Locator)	837 Manual Page #	Definition and Instruction	Reference Charts
										grams, for birth weight, as described above.	Based on Value Code 54 Amounts Segment Example: HI*BE:54:::5500~
23 **I	Do Not Resuscitate Order (DNR)	2300	HI	HI0x-2	C022	HI0x-1 (1270)=BG (Condition Code) (1271)=P1	231	24-30 (UB92) And 18-28 (UB04)	297-305	Condition code designating whether the patient has a signed DNR order Only 1 code is acceptable, noted to the right Segment Example: HI*BG:P1~	Condition Code = P1 (Code indicates that a DNR order was written at the time of or within the first 24 hours of the Patient's admission to the hospital and is clearly documented in the patient's medical record. For public health reporting only).

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Kentucky IPOP Inpatient and Outpatient Data
837 File Format Layout

Segment Number	Data Segment / Element Description	837 Loop	Segment ID	Reference Description	837 Data Element	Qualifier	Position	UB Box # (Form Locator)	837 Manual Page #	Definition and Instruction	Reference Charts
24 *IO	Attending Clinician ID # / NPI	2310A	NM1	NM109	67		250	82 (UB92) And 76 (UB04)	328-330	Identifies attending clinician, who is expected to certify and recertify the medical necessity of the services rendered and/or who has primary responsibility for the patient's medical care and treatment.	Segment Example: NM1*71*1*****0B:036105759~
25 **IO	Operating Clinician ID Number / NPI	2310B	NM1	NM109	67		250	83B (UB92) And 77 (UB04)	335-337	ID # of the individual with the primary responsibility for performing the surgical procedure(s).	Segment Example:

~	Enter clinician's NPI
~	UPIN or State license number no longer accepted

~	Required for Inpatient if the record qualifies as a surgical record
~	Required for Outpatient if OS procedure in range is present.
~	Same instructions as for # 24

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Kentucky IPOP Inpatient and Outpatient Data
837 File Format Layout

Segment Number	Data Segment / Element Description	837 Loop	Segment ID	Reference Description	837 Data Element	Qualifier	Position	UB Box # (Form Locator)	837 Manual Page #	Definition and Instruction	Reference Charts
											NM1*72*1*****0B:036089268~
26 **IO	Primary Care Physician NPI Number Referring Clinician NPI Number	2310C 2310F	NM1	NM109	67		250	83a (UB92) And 78 (UB04)	340-342	ID # of the primary care physician of the patient.	Segment Example: NM1*ZZ*1*****0B:036105759~
27 IO	2 nd Insurance Group #	2320	SBR	SBR03	127	SBR01=S (Secondary)	290	62B	353-358	Same instructions as segment #4 Located in Other Subscriber Information Segment	Segment Example: SBR*S*18*NONE*MEDICARE****98910~
28 IO	3 rd Insurance Group #	2320	SBR	SBR03	127	SBR01=T (Tertiary)	290	62C	353-358	Same as above	Segment Example: SBR*T*18*NONE*SELPAY****98918~

~	Same instructions as for #24
~	Data segment/loop can only be used once to report 1 st other consulting clinician

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Kentucky IPOP Inpatient and Outpatient Data
837 File Format Layout

Segment Number	Data Segment / Element Description	837 Loop	Segment ID	Reference Description	837 Data Element	Qualifier	Position	UB Box # (Form Locator)	837 Manual Page #	Definition and Instruction	Reference Charts
29 **IO	2 nd Individual Payer Name & ID #	2330B	NM1	NM103 NM109	1035 67	NM101=PR (Payer) NM102 (1065)=2 NM108=PI (Payer Identification)	325	50B (UB92) 50B 51B (UB04)	404-405	Expected Secondary Payment Source ~ Same instructions as for data segment #5 ~ If no Source of payment, space fill	Segment Example: NM1*PR*2*MEDICARE****98910~
30 **IO	3 rd Individual Payer Name and ID#	2330B	NM1	NM103 NM109	1035 67	NM101=PR (Payer) NM102 (1065)=2 NM108=PI (Payer Identification)	325	50C (UB92) 50C 51C (UB04)	404-405	Expected Tertiary Payment Source ~ Instructions as above	Segment Example: NM1*PR*2*SELPAY****PI*98918~
31 **I *O	Revenue Code w/Units of Service for Inpatient ~ Revenue Code for Outpatient CPT HCPCS w/CPT HCPCS Service	2400	SV2	SV201 SV202-2-6 SV203 SV205	234 C003 782 380	SV202-1=HC (CPT®/HCPCS Code List) ~ SV204 (355) = DA (Days) or = UN (units)	375	42 44 46 47	435-440	Revenue Code identifies an accommodation, ancillary service, or billing calculation ~ Report any applicable Revenue Codes appearing on the patient case ~ Revenue code 0001, total charge for the patient, is not	Room and Board charges must be reported for Inpatient cases Room and board charges can be recorded for

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Kentucky IPOP Inpatient and Outpatient Data
837 File Format Layout

Segment Number	Data Segment / Element Description	837 Loop	Segment ID	Reference Description	837 Data Element	Qualifier	Position	UB Box # (Form Locator)	837 Manual Page #	Definition and Instruction	Reference Charts
	Line Item and Modifier ~ Total Charges Per Revenue Code									<p>reported in this segment. Use only segment #11 for reporting Total Charge for the patient. Sum of all revenue codes in this field must match Total Charge reported in segment #11</p> <p>~ Room and board should be reported 1st for inpatient services</p> <p>~ Currency is reported with decimal point</p> <p>Units of Service is a quantitative measurement of services rendered by revenue code</p> <p>~ LOS must be = +/- 1 day of the room and board rev code units. This allows for variations in how hospitals report admit dates for Obs or ER</p> <p>~ Units required only for room and board charges</p> <p>CPT®/HCPCS Service Line Item codes, plus modifiers, if applicable, for Outpatient services.</p>	<p>an Outpatient stay if the patient was never classified as an Inpatient</p> <p>There must be a related Revenue Code and Charge for every Outpatient Service Line Item</p>

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Kentucky IPOP Inpatient and Outpatient Data
837 File Format Layout

Segment Number	Data Segment / Element Description	837 Loop	Segment ID	Reference Description	837 Data Element	Qualifier	Position	UB Box # (Form Locator)	837 Manual Page #	Definition and Instruction	Reference Charts												
										<table border="1"> <tr> <td>~</td> <td>5 digit code, plus up to four 2 digit</td> </tr> <tr> <td>~</td> <td>Must be valid codes/modifiers for discharge date time frame</td> </tr> <tr> <td>~</td> <td>Room and board charges can be recorded for an outpatient stay if the patient was never classified as an inpatient</td> </tr> </table> <p>Repeat Segment for revenue codes, units, and line items as many times as is necessary to complete all charges.</p> <p>Total Charges for each individual corresponding revenue code</p> <table border="1"> <tr> <td>~</td> <td>The sum of all charges minus the total charges must = the total charges for revenue code 0001</td> </tr> <tr> <td>~</td> <td>A given individual charge may be negative (credit)</td> </tr> <tr> <td>~</td> <td>The sum of all charges must be positive</td> </tr> </table>	~	5 digit code, plus up to four 2 digit	~	Must be valid codes/modifiers for discharge date time frame	~	Room and board charges can be recorded for an outpatient stay if the patient was never classified as an inpatient	~	The sum of all charges minus the total charges must = the total charges for revenue code 0001	~	A given individual charge may be negative (credit)	~	The sum of all charges must be positive	<p>on the patient record</p> <p>Segment Example:</p> <p>LX*3~</p> <p>SV2*0214**363.90*DA*3~</p> <p>LX*4~</p> <p>SV2*0250**1337.90*UN*242~</p>
~	5 digit code, plus up to four 2 digit																						
~	Must be valid codes/modifiers for discharge date time frame																						
~	Room and board charges can be recorded for an outpatient stay if the patient was never classified as an inpatient																						
~	The sum of all charges minus the total charges must = the total charges for revenue code 0001																						
~	A given individual charge may be negative (credit)																						
~	The sum of all charges must be positive																						

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Kentucky IPOP Inpatient and Outpatient Data
837 File Format Layout

Segm ent Numb er	Data Segment / Element Description	837 Loop	Seg ment ID	Reference Descriptio n	837 Data Element	Qualifier	Posi tion	UB Box # (Form Locator)	837 Manual Page #	Definition and Instruction	Reference Charts
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32	CPT®/HCPCS Service Date	2400	DTP	DTP03	1251	DTP02=D8 (Date)	455	45 (UB04)	445- 446	Service Date for each CPT®/HCPCS code reported as a service line item for Outpatient services in data segment #31	Segment Example: LX*1 SV2*0250**18.7*UN*2~ DTP*472*D8*20061102~ LX*2~ SV2*0270**93*UN*3~ DTP*472*D8*20061102~
----	----------------------------	------	-----	-------	------	--------------------	-----	--------------	-------------	--	---

~	CCYYMMDD format
~	Repeat service date segment as many times as necessary to provide a date for each associated CPT®/HCPCS service line item listed in element

* Required Field ** Required if present in the record

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Appendix A - Zoned Decimal Representation

Flat file layouts use a zoned decimal in charge fields. This method of programming allows the use of the same amount of space for a positive or negative number. The table below illustrates the characters used in the last space in the field to designate a specific number as either a positive or a negative for the field:

Zoned Decimal Character	Numeric Value
A	1
B	2
C	3
D	4
E	5
F	6
G	7
H	8
I	9
{	0
J	-1
K	-2
L	-3
M	-4
N	-5
O	-6
P	-7
Q	-8
R	-9
}	-0

One of these characters would appear as the last digit of the charge field. Zoned decimals last digit indicates both the digit and the sign.

Appendix B – KBSR Applicable Conditions and ICD-10-CM Codes

1. All congenital anomalies coded: Q00 –Q99
2. Metabolic / Storage Disorders:

D74.21 D81.81 D81.9 E03.1 E07.89 E25.0

E70.0 E70.1 E70.21 E70.49 E71.0 E71.11

E71.12 E71.19 E71.31 E71.39 E71.41 E72.11

E72.19 E72.21 E72.22 E72.23 E72.3 E72.4

E72.51 E74.02 E75.21 E75.22 E75.23 E75.24

E76.01 E84 E88.49
3. Hereditary hemolytic anemia: D57 and all subcategories
4. Teratogens (noxious influences): P04 and all subcategories
5. Infant of diabetic mother: P70.0 – P70.1
6. Zika Virus Disease: A92.5

Record Edits

Each record submitted is screened for proper format and content. Details on the edits and cross edits performed are included so you may tailor your own system to perform these edits prior to submission, thereby reducing the number of records rejected. In certain cases, an entire batch can be rejected. The following pages contain a detail list of record edits.

Field Name	KY Edit #	Validation Intent/Logic	Message to End-User
ADAT	4200	Admission Date is after current date. Mark ADAT invalid if occurs after current date.	Admission Date cannot occur after current date.
ADAT	5010	Admission Date must be equal to Birth Date when Principal Diagnosis is V30-V37 with a fourth digit of "0". As of 10/1/2014 Principal Diagnosis of Z38. Mark ADAT invalid if Newborn has Admission Date prior to Date of Birth.	Admission Date must be equal to Birth Date when Principal Diagnosis is V30-V37 with a fifth digit of "0". As of 10/1/2015 Principal Diagnosis of Z38.
ADAT	5020	Admission Date and Date of Birth do not coincide with DXP. Mark ADAT to match Iowa's edit.	Admission Date can be no more than two days after Birth Date when Principal Diagnosis is V30-V37 with a fifth digit of "1". As of 10/1/2015 Principal Diagnosis of Z38.
ADAT	5050	Admission Date cannot occur before Discharge Date. Mark ADAT invalid if DDAT is before ADAT.	Discharge Date cannot occur before Admission Date.
ADMH	2130	Admission Hour is not valid. Mark ADMH invalid if populated with anything needs to be an hour of the day (e.g. 01, 02, 03.....23).	Admit hour must be two-digit hour of the day (00 to 23).
ADMS	1060	Source of Admission NULL. Mark ADMS invalid if NULL.	Source of Admission is a required field.
ADMS	3050	Source of Admission not valid. Mark ADMS invalid if does not match lookup table.	Source of Admission does not correspond to accepted values.
ADMS	5190	Source of Admission not valid for Type of Admission (newborn). Mark ADMS invalid if does not match lookup table. DATE SENSITIVE EDIT.	Source of Admission is inconsistent with Type of Admission 4 (newborn).
ADMT	1070	Type of Admission NULL. Mark ADMT invalid if NULL.	Type of Admission is a required field.
ADMT	3060	Type of Admission not valid. Mark ADMT invalid if does not match lookup table.	Type of Admission does not correspond to accepted values.
ADMT	5200	Type of Admission not consistent with Principal Diagnosis. Mark ADMT to match Iowa's edit.	Principal Diagnosis of V3x with a fifth digit of 0 requires Type of Admission to be 4 (newborn). As of 10/1/2015 Principal Diagnosis of Z38.
BDAT	1010	Date of Birth NULL. Mark BDAT invalid if NULL.	Date of Birth is a required field.
BDAT	2010	Date of Birth not a valid date. Mark BDAT invalid if not a valid date.	Date of Birth does not correspond to a valid date (mmddyyyy).
BDAT	4040	Date of Birth exceeds human lifespan. Mark BDAT invalid if age exceeds lifespan of 120 years.	Date of Birth exceeds human lifespan of 120 years.

BDAT	5070	Date of Birth must be less than or equal to the Admission Date. Mark BDAT invalid if Date of Birth is before Admission Date.	Date of Birth must be less than or equal to the Admission Date.
BILLTYPE	1160	BILLTYPE is a required field. Mark BILLTYPE invalid if NULL. (Default record to outpatient)	Type of Bill is a required field.
BILLTYPE	3180	Type of Bill not valid.	Type of Bill does not correspond to accepted values.
BLANK	6020	Used by Create New Record page to mark new created manually.	Patient record is blank.
BWCODE	3420	Birth Weight Value Code is invalid. Mark BWVALUE invalid if ADMT = 4 AND not equal to 54.	Newborn Birth Weight Value Code is invalid.
BWCODE	4220	Birth Weight Value Code is NULL on required records. Mark BWVALUE invalid if NULL AND ADMT = 4. Inpatient?	Newborn Birth Weight Value Code is required if Inpatient and Admission Type = 4 (NB).
BWCODE	4221	Birth Weight Code is not required on this patient. Mark BWCODE invalid if ADMT is anything EXCEPT 4 (NB) and BWCODE is populated.	Newborn Birth Weight Value Code cannot be specified unless Inpatient and Admission Type = 4 (NB).
BWGRAMS	2150	Birth Weight Grams is not numeric. Mark BWGRAMS invalid if not numeric.	Newborn Birth Weight must be numeric.
BWGRAMS	4140	Birth Weight Grams NULL on required records. Mark BWGRAMS invalid if NULL for inpatients with ADMT = 4 (NB).	Newborn Birth Weight is required if Inpatient and Admission Type = 4 (NB).
BWGRAMS	4150	Birth Weight Grams is not required on this patient. Mark BWGRAMS invalid if ADMT is anything EXCEPT 4 (NB) and BWGRAMS is populated.	Newborn Birth Weight cannot be specified unless Inpatient and Admission Type = 4 (NB).
BWGRAMS	4230	Birth Weight Grams invalid for this DXP/DX. Mark BWGRAMS invalid if does not match range of weights for 5th digit. See separate definition.	Newborn Birth Weight does not match diagnosis code range.
CITY	4263	Patient's City is required if meets criteria for KBSR submission. Mark CITY invalid if NULL.	Patient's City is required for all Inpatient and Outpatient Records along with KBSR reporting.
DX	1260	Additional Diagnosis is NULL. Mark DX invalid if NULL.	Additional Diagnosis is a required field.
DX	3230	Additional Diagnosis not valid. Mark DX invalid if does not match lookup table.	Additional Diagnosis does not correspond to accepted values.
DX	4080	Additional Diagnosis does not match lookup table. Mark DX invalid.	Additional Diagnosis contains a valid diagnosis code, but not a valid additional diagnosis code.
DX	5120	Principal Diagnosis Has A Duplicate Additional Diagnosis code. Mark DX if code in DXP is repeated in DX.	Duplicates of the Principal Diagnosis code are not permitted in Additional Diagnosis.
DX	5130	Additional Diagnosis of V27 must have a corresponding Principal Diagnosis of 650, or 640-676 with a 5th digit of 1 or 2. Mark DX invalid to match Iowa's edit.	Additional Diagnosis of V27 must have a corresponding Principal Diagnosis of 650, or 640-676 with a 5th digit of 1 or 2.

Field Name	KY Edit #	Validation Intent/Logic	Message to End-User
DX	5140	Principal Diagnosis code 650 should not appear with Additional Diagnosis codes 640-676. Mark DX invalid to match Iowa's edit.	Principal Diagnosis code 650 should not appear with Additional Diagnosis codes 640-676.
DX	5260	Sex and Additional Diagnosis do not correspond. Mark DX invalid if sex and code do not match lookup table.	Additional Diagnosis is gender-specific and does not match the Sex specified.
DX	5280	Additional Diagnosis of 640-676 with Principal Diagnosis of 640-676 requires the fifth digit of both to be paired as 0:0, 3:3, 4:4, or a combination of 1 and 2. Mark DX invalid to match Iowa's edit.	Additional Diagnosis of 640-676 with Principal Diagnosis of 640-676 requires the fifth digit of both to be paired as 0:0, 3:3, 4:4, or a combination of 1 and 2.
DX	5310	Duplicate Additional Diagnosis codes are not permitted. Mark DX invalid to match Iowa's edit. Mark Additional Diagnoses (words on edit screen) invalid if no DXP or DX match KBSR flagged diagnoses.	Duplicate Additional Diagnosis codes are not permitted.
DX	5412	Age 15 and up admit dx for adults only. Mark DX invalid if does not match Adult age requirement in lookup table.	Additional Diagnosis is adult-specific and does not agree with this patient's age.
DX	5422	Age > 0 and admit dx for infants only. Mark DX invalid if does not match Newborn age requirement in lookup table.	Additional Diagnosis is newborn-specific and does not agree with this patient's age.
DX	5432	Age 0 - 17 and admit dx for children only. Mark DX invalid if does not match Pediatric age requirement in lookup table.	Additional Diagnosis is pediatric-specific and does not agree with this patient's age.
DX	5442	Age # 12-55 admit dx for women of childbearing years. Mark DX invalid if does not match Maternity age requirement in lookup table.	Additional Diagnosis is maternity-specific and does not agree with this patient's age.
DX_POA	1414		Present on Admission code cannot be submitted for this diagnosis as your facility is POA exempt.
DX_POA	3364	Present on Admission code not valid on this type of patient. Mark DXPPOA invalid if PTTYPER = 2.	Present on Admission code is valid for inpatients only.
DX_POA	3374	Present on Admission code required for this type of patient. Mark DXPPOA invalid if NULL and PTTYPER = 1.	Present on Admission code is required for inpatients with this diagnosis.

Field Name	KY Edit #	Validation Intent/Logic	Message to End-User
DX_POA	3384	Present on Admission code present on POA exempt code. Mark DXPPOA invalid if present on POA exempt diagnosis.	Present on Admission code is not permitted on POA-exempt diagnoses codes. Acceptable values are either 1 or blank.
DX_POA	3394	Present on Admission code invalid. Mark DXPPOA as invalid if does not match lookup table. POA of "1" is considered blank.	Present on Admission code does not correspond to accepted values for this diagnosis.
DXA	1100	Admitting Diagnosis is NULL. Mark DXA invalid if inpatient and NULL.	Admitting Diagnosis is a required field.
DXA	3080	Admitting Diagnosis not valid. Mark DXA invalid if Diagnosis Version and code do not match lookup table.	Admitting Diagnosis does not correspond to accepted values.
DXA	5250	Sex and Admitting Diagnosis do not correspond. Mark DXA invalid if code if sex and code do not match in lookup table.	Admitting Diagnosis is gender-specific and does not match the Sex specified.
DXA	5411	Age 15 and up admit dx for adults only. Mark DXA invalid if does not match Adult age requirement in lookup table.	Admitting Diagnosis is adult-specific and does not agree with this patient's age.
DXA	5421	Age > 0 and admit dx for infants only. Mark DXA invalid if does not match Newborn age requirement in lookup table.	Admitting Diagnosis is newborn-specific and does not agree with this patient's age.
DXA	5431	Age 0 - 17 and admit dx for children only. Mark DXA invalid if does not match Pediatric age requirement in lookup table.	Admitting Diagnosis is pediatric-specific and does not agree with this patient's age.
DXA	5441	Age # 12-55 admit dx for women of childbearing years. Mark DXA invalid if does not match Maternity age requirement in lookup table.	Admitting Diagnosis is maternity-specific and does not agree with this patient's age.
DXE1	3340	Same as IA 3090: External Cause of Injury does not correspond to accepted values. Mark DXE invalid if does not match lookup table.	External Cause of Injury does not correspond to accepted values.
DXE1	5254	Sex and ECODE do not correspond.	External Cause of Injury is gender-specific and does not match the Sex specified.
DXE1	5416	Ages 15 and up admit dx for adults only.	External Cause of Injury is adult-specific and does not agree with this patient's age.
DXE1	5426	Age > 0 and admit dx for infants only.	External Cause of Injury is newborn-specific and does not agree with this patient's age.
DXE1	5436	Age 0 - 17 and admit dx for children only.	External Cause of Injury is pediatric-specific and does not agree with this patient's age.

Field Name	KY Edit #	Validation Intent/Logic	Message to End-User
DXE1	5446	Age # 12-55 admit dx for women of childbearing years.	External Cause of Injury is maternity-specific and does not agree with this patient's age.
DXE1_POA	1411		Present on Admission code cannot be submitted for this diagnosis as your facility is POA exempt.
DXE1_POA	3361	Present on Admission code not valid on this type of patient. Mark DXPPOA invalid if PTTYPER = 2.	Present on Admission code is valid for inpatients only.
DXE1_POA	3371	Present on Admission code required for this type of patient. Mark DXPPOA invalid if NULL and PTTYPER = 1.	Present on Admission code is required for inpatients with this diagnosis.
DXE1_POA	3381	Present on Admission code present on POA exempt code. Mark DXPPOA invalid if present on POA exempt diagnosis.	Present on Admission code is not permitted on POA-exempt diagnoses codes. Acceptable values are either 1 or blank.
DXE1_POA	3391	Present on Admission code invalid. Mark DXPPOA as invalid if does not match lookup table. POA of "1" is considered blank.	Present on Admission code does not correspond to accepted values for this diagnosis.
DXE2	3341	Same as IA 3090: External Cause of Injury does not correspond to accepted values. Mark DXE invalid if does not match lookup table.	External Cause of Injury does not correspond to accepted values.
DXE2	5255	Sex and ECODE do not correspond.	External Cause of Injury is gender-specific and does not match the Sex specified.
DXE2	5417	Ages 15 and up admit dx for adults only.	External Cause of Injury is adult-specific and does not agree with this patient's age.
DXE2	5427	Age > 0 and admit dx for infants only.	External Cause of Injury is newborn-specific and does not agree with this patient's age.
DXE2	5437	Age 0 - 17 and admit dx for children only.	External Cause of Injury is pediatric-specific and does not agree with this patient's age.
DXE2	5447	Age # 12-55 admit dx for women of childbearing years.	External Cause of Injury is maternity-specific and does not agree with this patient's age.
DXE2_POA	1412		Present on Admission code cannot be submitted for this diagnosis as your facility is POA exempt.
DXE2_POA	3362	Present on Admission code not valid on this type of patient. Mark DXPPOA invalid if PTTYPER = 2.	Present on Admission code is valid for inpatients only.
DXE2_POA	3372	Present on Admission code required for this type of patient. Mark DXPPOA invalid if NULL and PTTYPER = 1.	Present on Admission code is required for inpatients with this diagnosis.

Field Name	KY Edit #	Validation Intent/Logic	Message to End-User
DXE2_POA	3382	Present on Admission code present on POA exempt code. Mark DXPPOA invalid if present on POA exempt diagnosis.	Present on Admission code is not permitted on POA-exempt diagnoses codes. Acceptable values are either 1 or blank.
DXE2_POA	3392	Present on Admission code invalid. Mark DXPPOA as invalid if does not match lookup table. POA of "1" is considered blank.	Present on Admission code does not correspond to accepted values for this diagnosis.
DXE3	3342	Same as IA 3090: External Cause of Injury does not correspond to accepted values. Mark DXE invalid if does not match lookup table.	External Cause of Injury does not correspond to accepted values.
DXE3	5256	Sex and ECODE do not correspond.	External Cause of Injury is gender-specific and does not match the Sex specified.
DXE3	5418	Ages 15 and up admit dx for adults only.	External Cause of Injury is adult-specific and does not agree with this patient's age.
DXE3	5428	Age > 0 and admit dx for infants only.	External Cause of Injury is newborn-specific and does not agree with this patient's age.
DXE3	5438	Age 0 - 17 and admit dx for children only.	External Cause of Injury is pediatric-specific and does not agree with this patient's age.
DXE3	5448	Age # 12-55 admit dx for women of childbearing years.	External Cause of Injury is maternity-specific and does not agree with this patient's age.
DXE3_POA	1413		Present on Admission code cannot be submitted for this diagnosis as your facility is POA exempt.
DXE3_POA	3363	Present on Admission code not valid on this type of patient. Mark DXPPOA invalid if PTTYPER = 2.	Present on Admission code is valid for inpatients only.
DXE3_POA	3373	Present on Admission code required for this type of patient. Mark DXPPOA invalid if NULL and PTTYPER = 1.	Present on Admission code is required for inpatients with this diagnosis.
DXE3_POA	3383	Present on Admission code present on POA exempt code. Mark DXPPOA invalid if present on POA exempt diagnosis.	Present on Admission code is not permitted on POA-exempt diagnoses codes. Acceptable values are either 1 or blank.
DXE3_POA	3393	Present on Admission code invalid. Mark DXPPOA as invalid if does not match lookup table. POA of "1" is considered blank.	Present on Admission code does not correspond to accepted values for this diagnosis.
DXP	1090	Principal Diagnosis NULL. Mark DXP if NULL.	Principal Diagnosis is a required field.
DXP	3070	Principal Diagnosis not valid. Mark DXP invalid if Diagnosis Version and code do not match lookup table.	Principal Diagnosis does not correspond to accepted values.

Field Name	KY Edit #	Validation Intent/Logic	Message to End-User
DXP	5240	Sex and Primary Diagnosis do not correspond. Mark DXP if sex and code do not agree with lookup table.	Principal Diagnosis is gender-specific and does not match the Sex specified.
DXP	5410	Age 15 and up admit dx for adults only. Mark DXP invalid if does not match Adult age requirement in lookup table.	Principal Diagnosis is adult-specific and does not agree with this patient's age.
DXP	5420	Age > 0 and admit dx for infants only. Mark DXP invalid if does not match Newborn age requirement in lookup table.	Principal Diagnosis is newborn-specific and does not agree with this patient's age.
DXP	5430	Age 0 - 17 and admit dx for children only. Mark DXP invalid if does not match Pediatric age requirement in lookup table.	Principal Diagnosis is pediatric-specific and does not agree with this patient's age.
DXP	5440	Age # 12-55 admit dx for women of childbearing years. Mark DXP invalid if does not match Maternity age requirement in lookup table.	Principal Diagnosis is maternity-specific and does not agree with this patient's age.
DXP	5530	Principal dx of 650 inconsistent with C-section proc code. Mark DXP invalid if PRP = 650 and PRP or PR have code = 740-7499.	Principal Diagnosis of 650 is inconsistent with C-section procedure code.
DXP	5400	Principal diagnosis does not contain a valid principal dx code. Mark DXP invalid if lookup does not match valid principal diagnosis criteria.	Principal Diagnosis does not contain a valid Principal Diagnosis code.
DXP_POA	1410		Present on Admission code cannot be submitted for this diagnosis as your facility is POA exempt.
DXP_POA	3360	Present on Admission code not valid on this type of patient. Mark DXPPPOA invalid if PTTYPER = 2.	Present on Admission code is valid for inpatients only.
DXP_POA	3370	Present on Admission code required for this type of patient. Mark DXPPPOA invalid if NULL and PTTYPER = 1.	Present on Admission code is required for inpatients with this diagnosis.
DXP_POA	3380	Present on Admission code present on POA exempt code. Mark DXPPPOA invalid if present on POA exempt diagnosis.	Present on Admission code is not permitted on POA-exempt diagnoses codes. Acceptable values are either 1 or blank.
DXP_POA	3390	Present on Admission code invalid. Mark DXPPPOA as invalid if does not match lookup table.	Present on Admission code does not correspond to accepted values for this diagnosis.
ETHNICITY	1330	Ethnicity is a required field. Mark ETHNICITY if NULL.	Ethnicity is a required field.
ETHNICITY	3260	Ethnicity not valid. Mark ETHNICITY if does not match lookup.	Ethnicity does not correspond to accepted values.
HCPCSRATE	3220	HCPCS/CPT not valid. Mark HCPCSRATE invalid if does not match lookup table.	CPT/HCPCS does not correspond to accepted values.

Field Name	KY Edit #	Validation Intent/Logic	Message to End-User
HCPCSRATE	3222	Invalid HCPCS/CPT Modifier. Mark HCPCSRATE invalid if modifier does not match lookup table. Iowa looks at 2 two-digit modifiers. Kentucky needs up to 4 two-digit modifiers checked if populated. Modify Edit #3222 to check for the 4 two-digit modifier codes.	CPT/HCPCS modifier does not correspond to accepted values.
HCPCSRATE	5330	HCPCS/CPT code is gender specific and does not match the Sex specified. Mark HCPCSRATE invalid if sex does not match lookup table.	CPT/HCPCS code is gender-specific and does not match the Sex specified.
INSUREDID	4267	Primary Insured's Member ID Number is required for all Inpatient and Outpatient Records along with KBSR submission . Mark INSUREDID invalid if NULL.	Primary Insured's Unique ID is required for all Inpatient and Outpatient Records along with KBSR reporting .
MRN	4264	Medical Health Record # is required for all Inpatient and Outpatient Records along with KBSR submission . Mark MRN invalid if NULL.	Medical Health Record # is required for all Inpatient and Outpatient Records along with KBSR reporting .
PCONTROL	6010	Used by Validation Engine to mark duplicate records	Another record from this facility with the same Patient Control Number has been located.
PINA	1110	Attending Clinician ID NULL. Mark PINA invalid if NULL.	Attending Clinician ID is a required field.
PINA	3110	Attending Clinician ID does not correspond to accepted values. Mark PINA invalid if does not match lookup table.	Attending Clinician ID does not correspond to accepted values.
PINB	3120	Operation Clinician ID #1 does not correspond to accepted values. Mark PINB invalid if does not match lookup table.	Operation Clinician ID does not correspond to accepted values.
PINB	4270	Operation Clinician required for when Principal Procedure present. Mark PINB invalid if NULL when inpatient and PRP is populated.	Operation Clinician ID is required if Principal Procedure has been specified.
PINB	4280	Operation Clinician is required when Place Of Service is 1.	Operation Clinician ID is required when Place of Service is 1.
PINC	3130	Admitting Clinician NPI does not correspond to accepted values. Mark PINC invalid if does not match lookup table.	Admitting Clinician ID does not correspond to accepted values.
PIND	3410	2nd Other Clinician invalid. Mark PIND invalid if does not match lookup table.	2nd Other Clinician ID does not correspond to accepted values.

Field Name	KY Edit #	Validation Intent/Logic	Message to End-User
PR	1270	Additional Procedure is NULL when Additional Procedure Date is present. Mark PR invalid.	Additional Procedure is a required field.
PR	3240	Mark PR invalid if ICD-9 code does not match tkProcedure lookup table.	Additional Procedure does not correspond to accepted values.
PR	5040	Mark PR invalid if code and sex do not agree in lookup table.	Additional Procedure is gender-specific and does not match Sex specified.
PRD	1280	Mark PR invalid if NULL.	Additional Procedure Date is a required field.
PRD	2080	Mark PRD invalid if date is not a valid format.	Additional Procedure Date does not correspond to a valid date (mmdyyy).)
PRD	4090	Mark PRD invalid if date is outside of rules.	Procedure Date occurs outside boundaries of the admission and discharge dates (72 hours prior to admission date is allowed).
PRP	1300	PRP Required when a PR exists. Mark PRP invalid if PR present but PRP NULL.	Principal Procedure is required when Additional Procedures are present.
PRP	3140	Mark PRP invalid if ICD-9 code does not match tkProcedure lookup table.	Principal Procedure does not correspond to accepted values.
PRP	5030	Mark PRP invalid if ICD-9 procedure code and sex do not match in lookup table.	Principal Procedure is gender-specific and does not match Sex specified.
PRP		Mark PRP invalid if NULL and ptype = 2 or 3	CPT/HCPCS code is required for Outpatient and Ambulatory Facility records.
PTNAME	4250	KBSR information submitted but KBSR definition for age and diagnosis not met. Mark [KBSR Field Group] invalid if KBSR definition for age and diagnosis not met.	KBSR information included on record but KBSR diagnosis and age requirement not met.
PTNAME	4251	KBSR information submitted but KBSR definition for age not met. Mark KBSR FIELD GROUP invalid if age requirement for KBSR not met.	KBSR information included on record but age requirement for KBSR not met.
PTNAME	4252	KBSR information submitted but KBSR definition for required diagnosis not met. Mark KBSR FIELD GROUP invalid if KBSR definition for diagnosis not met.	KBSR information included but KBSR definition for diagnosis not met.
PTNAME	4261	Patient's Name is required for all Inpatient and Outpatient Records along with KBSR submission. Mark PTNAME invalid if NULL.	Patient's Name is required for all Inpatient and Outpatient Records along with KBSR reporting.
PTSTATUS	1130	Patient Status NULL. Mark PTSTATUS invalid if NULL.	Patient Status is a required field.
PTSTATUS	3150	Patient Status not valid. Mark PTSTATUS invalid if does not match lookup table for specific dates.	Patient Status does not correspond to accepted values.

PTSTATUS	3400	Patient Status not valid. Mark PTSTATUS invalid if = 30.	Patient Status 30 not allowed on final bill.
Field Name	KY Edit #	Validation Intent/Logic	Message to End-User
PTSTATUS	4110	Patient Status invalid. Mark PTSTATUS invalid if PTSTATUS = 9 AND PTTYE not equal to 2 AND SOP not equal to 98910 or 98945	Patient status of 09 requires the type of patient be an Outpatient and Source of Pay to be Medicare.
RACE	1050	Race NULL. Mark RACE if NULL.	Race is a required field.
RACE	3040	Race not valid. Mark RACE if does not match lookup table.	Race does not correspond to accepted values.
REASVISIT1	1101	Reason for Visit Diagnosis NULL. Mark REASVISIT invalid if NULL. Alter Edit #1100 to use field name change and apply to outpatients only.	Patient's Reason for Visit is a required.
REASVISIT1	3081	Reason for Visit Diagnosis not valid. Mark REASVISIT invalid if Diagnosis Version and code do not match lookup. Alter Edit #3080 to change field name and apply to outpatients only.	Patient's Reason for Visit does not correspond to accepted values.
REASVISIT1	5251	Sex and Reason for Visit Diagnosis do not correspond. Mark REASVISIT invalid if code and sex do not match in lookup table. Alter Edit #5250 to change field name and apply to outpatients only.	Patient's Reason for Visit is gender-specific and does not match the Sex specified.
REASVISIT1	5413	Ages 15 and up admit dx for adults only. Mark REASVISIT invalid if code does not match lookup table. NEW IPOP EDIT.	Patient's Reason for Visit is adult-specific and does not agree with this patient's age.
REASVISIT1	5423	Age > 0 and admit dx for infants only. Mark REASVISIT invalid if code does not match lookup table. NEW IPOP EDIT.	Patient's Reason for Visit is newborn-specific and does not agree with this patient's age.
REASVISIT1	5433	Age 0 - 17 and admit dx for children only. Mark REASVISIT invalid if code does not match lookup table. NEW IPOP EDIT.	Patient's Reason for Visit is pediatric-specific and does not agree with this patient's age.
REASVISIT1	5443	Age # 12-55 admit dx for women of childbearing years. Mark REASVISIT invalid if code does not match lookup table. NEW IPOP EDIT.	Patient's Reason for Visit is maternity-specific and does not agree with this patient's age.
REASVISIT2	3082	Reason for Visit Diagnosis not valid. Mark REASVISIT invalid if Diagnosis Version and code do not match lookup. Alter Edit #3080 to change field name and apply to outpatients only.	Patient's Reason for Visit does not correspond to accepted values.

REASVISIT2	5252	Sex and Reason for Visit Diagnosis do not correspond. Mark REASVISIT invalid if code and sex do not match in lookup table. Alter Edit #5250 to change field name and apply to outpatients only.	Patient's Reason for Visit is gender-specific and does not match the Sex specified.
Field Name	KY Edit #	Validation Intent/Logic	Message to End-User
REASVISIT2	5414	Ages 15 and up admit dx for adults only. Mark REASVISIT invalid if code does not match lookup table. NEW IPOP EDIT.	Patient's Reason for Visit is adult-specific and does not agree with this patient's age.
REASVISIT2	5424	Age > 0 and admit dx for infants only. Mark REASVISIT invalid if code does not match lookup table. NEW IPOP EDIT.	Patient's Reason for Visit is newborn-specific and does not agree with this patient's age.
REASVISIT2	5434	Age 0 - 17 and admit dx for children only. Mark REASVISIT invalid if code does not match lookup table. NEW IPOP EDIT.	Patient's Reason for Visit is pediatric-specific and does not agree with this patient's age.
REASVISIT2	5444	Age # 12-55 admit dx for women of childbearing years. Mark REASVISIT invalid if code does not match look up table. NEW IPOP EDIT.	Patient's Reason for Visit is maternity-specific and does not agree with this patient's age.
REASVISIT3	3083	Reason for Visit Diagnosis not valid. Mark REASVISIT invalid if Diagnosis Version and code do not match lookup. Alter Edit #3080 to change field name and apply to outpatients only.	Patient's Reason for Visit does not correspond to accepted values.
REASVISIT3	5253	Sex and Reason for Visit Diagnosis do not correspond. Mark REASVISIT invalid if code and sex do not match in lookup table. Alter Edit #5250 to change field name and apply to outpatients only.	Patient's Reason for Visit is gender-specific and does not match the Sex specified.
REASVISIT3	5415	Ages 15 and up admit dx for adults only. Mark REASVISIT invalid if code does not match lookup table. NEW IPOP EDIT.	Patient's Reason for Visit is adult-specific and does not agree with this patient's age.
REASVISIT3	5425	Age > 0 and admit dx for infants only. Mark REASVISIT invalid if code does not match lookup table. NEW IPOP EDIT.	Patient's Reason for Visit is newborn-specific and does not agree with this patient's age.
REASVISIT3	5435	Age 0 - 17 and admit dx for children only. Mark REASVISIT invalid if code does not match lookup table. NEW IPOP EDIT.	Patient's Reason for Visit is pediatric-specific and does not agree with this patient's age.
REASVISIT3	5445	Age # 12-55 admit dx for women of childbearing years. Mark REASVISIT invalid if code does not match look up table. NEW IPOP EDIT.	Patient's Reason for Visit is maternity-specific and does not agree with this patient's age.

RELATION	3430	Patient's Relationship to Insured not valid. Mark RELATION invalid if does not match lookup table.	Relationship does not correspond to accepted values.
Field Name	KY Edit #	Validation Intent/Logic	Message to End-User
RELATION	4266	Patient's Relationship to Insured is required if meets criteria for KBSR submission. Mark RELATION invalid if NULL.	Patient's Relationship to Insured is required for KBSR reporting.
REVCHG	1250	Revenue Charge NULL. Mark REVCHG invalid if NULL.	Revenue Charge is a required field.
REVCHG	2110	Revenue Charge on 837 formatted correctly. Mark REVCHG invalid if 837 currency not reported as numeric.	Revenue Charge must be numeric.
REVCHG	5365	Sum up of like Rev Codes must be positive charge (not \$0 or negative). Mark REVCHG invalid if sum of like Rev Codes is not a positive number.	Sum of charges for like Revenue Codes must be greater than \$0.
REVCHG	5360	Total charges for Room Revenue Codes must be greater than 0. Mark REVCHG invalid if Rev Code = room and board and REVCHG = \$0.	Room and Board Revenue Charges must be greater than \$0.
REVCODE	1220	Revenue Code NULL. Mark REVCODE invalid if NULL.	Revenue Code is a required field.
REVCODE	1350	More than one total revenue code found (TC counts as the first). Mark the second REVCODE = 0001 invalid if more than one exist on a record.	Revenue Code 0001 should appear only once.
REVCODE	3210	Revenue Code not valid. Mark REVCODE invalid if does not match lookup table.	Revenue Code does not correspond to accepted values.
REVCODE	5350	Rev Code for room charge needs to be on all inpatient records. Mark REVCODE invalid if range of Rev Codes like Iowa uses is not on PTTYPE = 1.	At least one revenue code needs to indicate room charges.
SERVCODE	5560	If no CPT/HCPCS meeting criteria for KY outpatient submission, then mark entire record invalid (next to Outpatient at top)	No CPT/HCPCS meeting OS/ED/OC/OT/MA criteria are on this record. Additional CPT/HCPCS needed or delete record.
SERVDATE	1230	Service Date NULL. Mark SERVDATE invalid if NULL for outpatients.	Service Date is a required field.
SERVDATE	2070	Service Date not a valid date. Mark SERVDATE if Patient Type =2 and not a valid date.	Service Date does not correspond to a valid date (mmddyyyy).
SERVDATE	4020	Service Date outside date boundaries. Mark SERVDATE invalid if outside of admit/discharge.	Service Date occurs outside boundaries of the admission and discharge dates (72 hours prior to admission is allowed; 72 hours after discharge is allowed for Medicaid only).

SEX	1040	Sex NULL. Mark SEX invalid if NULL.	Sex is a required field.
SEX	3030	Sex not valid. Mark SEX invalid if does not match lookup table.	Sex does not correspond to accepted values.
Field Name	KY Edit #	Validation Intent/Logic	Message to End-User
SOP1	1140	Expected Source of Pay NULL. Mark SOP if NULL.	Expected Source of Pay is a required field.
SOP1	3160	Expected Source of Pay not valid. Mark SOP if does not match lookup table.	Expected Source of Pay does not correspond to accepted values.
SOP2	3170	Secondary Source of Pay not valid. Mark SOP2 if does not match lookup table.	Secondary Source of Pay does not correspond to accepted values.
SOP3	3175	Tertiary Source of Pay not valid. Mark SOP3 if does not match lookup table.	Tertiary source does not correspond to accepted values.
ST	3010	Patient's State not valid. Mark ST invalid if does not match lookup table.	State does not correspond to accepted values.
ST	4260	Patient's State is required if meets criteria for KBSR submission. Mark ST invalid if NULL.	Patient's State is required for KBSR reporting.
STPERIODF	1190	Statement Covers Period From NULL.	Statement Covers Period From Date is a required field.
STPERIODF	2050	Statement Covers Period From Date not a valid Date. Mark STPERIODF invalid if not a valid date.	Statement Covers Period From Date does not correspond to a valid date (mmddyyyy).
STPERIODT	1200	Statement Covers Period To NULL.	Statement Covers Period To Date is a required field.
STPERIODT	2060	Statement Covers Period To not a valid date. Mark STPERIODT invalid if not a valid date.	Statement Covers Period To Date does not correspond to a valid date (mmddyyyy).
STPERIODT	4010	Statement Covers Period To Date outside boundaries for selected quarter. Mark STPERIODT invalid if date is outside submission quarter.	Statement Covers Period To Date outside boundaries for selected quarter.
STREET	4262	Patient's Street Address is required if meets criteria for KBSR submission. Mark STREET invalid if NULL.	Patient's Street is required for KBSR reporting.
TC	1150	Mark TC invalid If NULL.	Total Charges is a required field.
TC	2090	Revenue Charge on 837 formatted correctly. Mark REVCHG invalid if 837 currency not reported as numeric.	Total Charges must be numeric.
TC	4170	Total Charges must be greater than 0. Mark REVCHG for Revenue Code 0001 invalid if = 0.	Total Charges must be greater than \$0.
TC	4172	Total Charges cannot be equal to or higher than \$10,000,000.00. Mark REVCHG for Revenue Code 0001 invalid if higher.	Total Charges cannot be equal to or greater than \$10 million.
TC	5180	Total of Charges do not equal Total Charge. Mark TC invalid if sum of all other charges does not add up to TC.	The total of all Revenue Charges does not equal the Total Charges.
UNITSERV	1240	Units of Service NULL. Mark UNITSERV invalid if NULL.	Unit of Service is a required field.

UNITSERV	2100	Units of Service not numeric. Mark UNITSERV invalid.	Units of Service must be numeric.
Field Name	KY Edit #	Validation Intent/Logic	Message to End-User
UNITSERV	5355	Units of Service for Rev Codes = room charges must be within 1 day less, equal to, or 1 day greater than LOS. Mark ALL_REV of 1st Rev Code with room charge invalid if not true.	Length of stay must be equal to or within one day of the sum of the room and board revenue code units.
WARNING	6030	Used by File Parser to mark records that may not have been read correctly.	Unexpected data was encountered while reading this record from the batch file. Please verify the information below is accurate.
ZIP	1030	Zip Code is a required field. Mark Zip invalid if NULL.	Zip Code is a required field.
ZIP	3020	Zip Code not valid. Mark Zip invalid if does not match lookup table.	Zip Code does not correspond to accepted values.
ZIP	5230	Zip Code invalid. Mark ZIP invalid if does not agree with ST.	The Zip Code specified does not correspond to the State.

Sample Reports



Primary Source of Pay

All Patient Types
1st Quarter 2010

Code	Source of Pay	Q4 2009	Q1 2010	
98918	Self Pay	2764	2561	25.22 %
98940	Passport Medicaid Managed Care	2556	2344	23.08 %
98924	Commercial - Other	1822	1765	17.38 %
98910	Medicare (Excluding Managed Care)	1269	1331	13.11 %
98923	Commercial - PPO	780	763	7.51 %
98914	Tricare (Champus)	600	633	6.23 %
98945	Medicare Managed Care	231	244	2.40 %
98950	Workers Compensation	150	150	1.48 %
98916	In-State Medicaid	147	150	1.48 %
98930	Other Self-Administered Plan	138	123	1.21 %
98922	Commercial - HMO	60	45	0.44 %
98917	Out-of-State Medicaid	63	39	0.38 %
98915	CHAMPVA	8	8	0.08 %
00000	Other	1	0	0.00 %
	Total Discharges	10589	10156	



Total Charges by Revenue Center

Outpatient Only
1st Quarter 2010

	Q4 2009	Q1 2010
Discharges	10589	10156
Total Charges	\$10,290,971.58	\$9,978,924.54
Ancillary	\$3,573,046.00	\$3,362,141.00
Anesthesiology	\$193.00	\$193.00
Clinical Laboratory	\$1,212,263.15	\$1,190,373.10
Labor and Delivery	\$0.00	\$0.00
Oncology	\$111.00	\$111.00
Operating Room	\$2,140.00	\$3,528.00
Other	\$169,678.38	\$189,889.44
Pharmacy	\$395,217.05	\$385,508.00
Radiology	\$4,938,323.00	\$4,847,181.00
Room and Board	\$0.00	\$0.00

Kentucky Data Program - Submission Compliance Report

Facility Name:

Data Collection ID:

Facility NPI Number:

Year: 2010

Month-QTR	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4
Inpatient Cases																
Reported Cases	0	0	0	0	0	0	0	0	1,050	1,101	0	2,151				
Error-Free Cases									1,076	1,094		2,170				
% Compliance	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	99.63 %	99.36 %	0.00 %	99.50 %	0.00 %	0.00 %	0.00 %	0.00 %
Cases in Error									0	0		0				
Compliant?	No	No	No	No	No	No	No	No	Yes	Yes	No	Yes	No	No	No	No

Total Outpatient Cases																
Reported Cases	3,430	3,120	3,606	10,156	0	0	0	0	6,504	6,747	0	13,251				
Error-Free Cases	3,430	3,120	3,606	10,156					6,494	6,722		13,216				
% Compliance	100.00 %	100.00 %	100.00 %	100.00 %	0.00 %	0.00 %	0.00 %	0.00 %	99.85 %	99.63 %	0.00 %	99.74 %	0.00 %	0.00 %	0.00 %	0.00 %
Cases in Error	0	0	0	0					0	10		10				
Compliant?	Yes	Yes	Yes	Yes	No	No	No	No	Yes	Yes	No	Yes	No	No	No	No

Outpatient Surgery Cases																
Reported Cases	1	1	7	9	0	0	0	0	998	1,050	0	2,048				
Error-Free Cases	1	1	7	9					989	1,047		2,036				
% Compliance	100.00 %	100.00 %	100.00 %	100.00 %	0.00 %	0.00 %	0.00 %	0.00 %	99.10 %	99.71 %	0.00 %	99.41 %	0.00 %	0.00 %	0.00 %	0.00 %
Cases in Error	0	0	0	0					0	0		0				
Compliant?	Yes	Yes	Yes	Yes	No	No	No	No	Yes	Yes	No	Yes	No	No	No	No

Observation Cases

Reported Cases	0	0	0	0	0	0	0	0	0	151	145	0	296				
Error-Free Cases										151	138		289				
% Compliance	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	100.00 %	95.17 %	0.00 %	97.64 %	0.00 %	0.00 %	0.00 %	0.00 %
Cases in Error										0	0		0				
Compliant?	No	No	No	No	No	No	No	No	No	Yes	Yes	No	Yes	No	No	No	No

Emergency Cases

Reported Cases	3,429	3,119	3,599	10,147	0	0	0	0	0	3,677	3,708	0	7,385				
Error-Free Cases	3,429	3,119	3,599	10,147						3,677	3,695		7,372				
% Compliance	100.00 %	100.00 %	100.00 %	100.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	100.00 %	99.65 %	0.00 %	99.82 %	0.00 %	0.00 %	0.00 %	0.00 %
Cases in Error	0	0	0	0						0	10		10				
Compliant?	Yes	Yes	Yes	Yes	No	No	No	No	No	Yes	Yes	No	Yes	No	No	No	No

Mammography Cases

Reported Cases	0	0	0	0	0	0	0	0	0	860	857	0	1,717				
Error-Free Cases										859	857		1,716				
% Compliance	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	99.88 %	100.00 %	0.00 %	99.94 %	0.00 %	0.00 %	0.00 %	0.00 %
Cases in Error										0	0		0				
Compliant?	No	No	No	No	No	No	No	No	No	Yes	Yes	No	Yes	No	No	No	No

Other Outpatient Cases

Reported Cases	0	0	0	0	0	0	0	0	0	818	987	0	1,805				
Error-Free Cases										818	985		1,803				
% Compliance	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	100.00 %	99.80 %	0.00 %	99.89 %	0.00 %	0.00 %	0.00 %	0.00 %
Cases in Error										0	0		0				
Compliant?	No	No	No	No	No	No	No	No	No	Yes	Yes	No	Yes	No	No	No	No

County of Residence

All Patient Types

1st Quarter 2010

County of Residence	Q4 2009	Q1 2010	
KY - HARDIN	7733	7475	73.60 %
KY - LARUE	891	866	8.53 %
KY - MEADE	564	555	5.46 %
KY - GRAYSON	245	229	2.25 %
KY - NELSON	176	193	1.90 %
KY - BRECKINRIDGE	160	143	1.41 %
KY - HART	128	105	1.03 %
KY - JEFFERSON	101	100	0.98 %
KY - BULLITT	101	89	0.88 %
KY - GREEN	32	39	0.38 %
KY - TAYLOR	25	26	0.26 %
KY - MARION	7	13	0.13 %
KY - BARREN	7	9	0.09 %
KY - CHRISTIAN	2	9	0.09 %
IN - CLARK	9	8	0.08 %
KY - WARREN	9	8	0.08 %
KY - FAYETTE	12	6	0.06 %
IN - FLOYD	11	6	0.06 %
KY - ADAIR	9	6	0.06 %
TX - BELL	3	5	0.05 %
KY - DAVIESS	1	5	0.05 %
KY - OHIO	1	5	0.05 %
TN - DAVIDSON	4	4	0.04 %
(unknown)	3	4	0.04 %
MI - GENESEE	1	4	0.04 %
KY - SPENCER	4	3	0.03 %
OH - CUYAHOGA	4	3	0.03 %
IN - HARRISON	3	3	0.03 %



State of Residence

All Patient Types
1st Quarter 2010

Code	State of Residence	Q4 2009	Q1 2010	
KY	Kentucky	10287	9942	97.89 %
IN	Indiana	46	38	0.37 %
TN	Tennessee	29	18	0.18 %
OH	Ohio	21	17	0.17 %
TX	Texas	16	14	0.14 %
MI	Michigan	12	14	0.14 %
IL	Illinois	14	13	0.13 %
GA	Georgia	12	10	0.10 %
NC	North Carolina	10	8	0.08 %
FL	Florida	24	6	0.06 %
AL	Alabama	14	6	0.06 %
SC	South Carolina	3	6	0.06 %
VA	Virginia	9	5	0.05 %
CA	California	7	4	0.04 %
MO	Missouri	3	4	0.04 %
WV	West Virginia	3	4	0.04 %
XX	Unknown or Other	3	4	0.04 %
WA	Washington	2	4	0.04 %
IA	Iowa	1	4	0.04 %
NY	New York	7	3	0.03 %
WI	Wisconsin	6	3	0.03 %
AZ	Arizona	2	3	0.03 %
KS	Kansas	2	3	0.03 %
LA	Louisiana	2	3	0.03 %
MS	Mississippi	2	3	0.03 %
NV	Nevada	1	3	0.03 %
PA	Pennsylvania	13	2	0.02 %
AR	Arkansas	2	2	0.02 %



Status of Patient

All Patient Types
1st Quarter 2010

Code	Status of Patient	Q4 2009	Q1 2010	
01	Home or Self Care	10100	9730	95.81 %
07	Against Medical Advice	278	234	2.30 %
70	Another Type of Facility Not Defined Elsewhere	112	101	0.99 %
05	Designated Cancer Center or Childrens Hospital	13	26	0.26 %
02	Short Term General Hospital	20	17	0.17 %
20	Expired	24	13	0.13 %
21	Court/Law Enforcement	12	13	0.13 %
65	Psychiatric Hospital or Psychiatric Distinct Unit	13	9	0.09 %
63	Long Term Care Hospital (LTC)	3	5	0.05 %
43	Federal Health Facility	4	2	0.02 %
06	Organized Home Health Service	1	2	0.02 %
62	Rehab Facility (IRF)	1	2	0.02 %
03	SNF	6	1	0.01 %
04	Discharge Transfer to ICF	2	1	0.01 %
Total Discharges		10589	10156	



Race of Patient

All Patient Types

1st Quarter 2010

Code	Race of Patient	Q4 2009	Q1 2010	
R5	White	9044	8670	85.37 %
R3	Black or African American	1263	1213	11.94 %
R4	Native Hawaiian or Pacific Islander	231	209	2.06 %
R2	Asian	42	40	0.39 %
R9	Other	9	23	0.23 %
R1	American Indian or Alaska Native	0	1	0.01 %
Total Discharges		10589	10156	



Present on Admission Report

Inpatient Only
1st Quarter 2010

Acute Inpatient Diagnosis Code POAs	Q4 2009	Q1 2010
Y - Yes	0	0
N - No	0	0
U - No Information in Record	0	0
W - Clinically Undetermined	0	0
1 - Blank (Unreported/Not Used)	0	0
Blank (Unreported/Not Used)	0	0
Total Discharges	0	0

IPOP

Kentucky Inpatient Outpatient Data Collection System

facility_num	Facility	Patient Control	Service Code	ddat_value	billtype	Payer Code
999999999	Hospital A	1000xxxxxxxxx	Acute medical/surgical unit (non-PPS exempt)	21-Oct-10	111	98960

Frequently Asked Questions (FAQs)

Batch Submission / Deletion Questions

1. What would cause my batch file to not process successfully?

There are 5 criterions needed for a batch to be processed:

- More than half of the records in the batch have Patient Control Numbers that have already been submitted (duplicates)
- Page Numbers missing – this is specific to the flat file submissions
- Less than 2500 characters – this is specific to the flat file submissions
- Missing Facility ID number
- More than half of the records have a DNR order

2. How do I know when the file has been processed?

During the uploading of a file you will briefly see an image that indicates the file is uploading. When the file upload is complete you will be redirected to the Batch Review page. The file that you have just uploaded will not reflect in the Batch Review screen until it has been processed.

When the file has been processed you will receive an e-mail message advising whether the batch was successful or invalid. If the batch is successful the message will include the total number of records, total valid records and the total invalid records along with the batch number assigned to your file.

3. How long do I have to wait to submit after I mark a batch to be deleted?

Batches can be resubmitted immediately.

Editing Questions

4. How do I correct invalid records?

Return to the Batch Review screen to view the invalid records. Select View to see the Batch Detail. Click the “All Errors” window to see a listing of the types of errors that are present in the invalid records. Select the type of errors you want to correct. Select Edit next to the record line detail. The field(s) that contain errors are highlighted in yellow and have a diamond shaped icon next to the field. Highlight the field to be corrected and type in the correction and click “Update” or hit enter. If the record is correct the next invalid record will appear. Continue the process until all invalid records are moved to the valid file.

5. How are diagnoses / procedure/ revenue lines /codes deleted?

Click the red “X” next to the diagnosis/procedure/revenue line that you want to delete. Answer yes to the question “Are you sure you want to delete this line?” The entire line will be removed.

6. How do I correct POA edits?

POA edits have multiple reasons:

- Edit 3072 – POA code not valid. The POA indicator needs to match those codes as described in manual
- Edit 3074 – POA code on inpatient records only. Outpatient records do not require a POA code.
- Edit 3076 – POA is required for this inpatient diagnosis. All diagnoses on inpatient claims except those on the exempt list must have a valid POA.

7. How do I correct the error “Invalid physician ID number does not correspond to acceptable values?”

E-mail to KHA the invalid NPI number with the full name of the physician including middle initial and the credential (i.e. MD, DO, PA, etc.). KHA will add the information to the file and return an e-mail message to you stating the NPI has been added to the file.

Verification Process Questions

8. How do I notify KHA when the data submission is complete for the Quarter?

When you have submitted all the records for the quarter and all the edits are cleared click on the Ready to Verify Quarter button on the Batch Review screen. 14 Verification reports are automatically e-mailed to the Primary and General contacts. Review the reports for accuracy and completeness. Once you are sure the reports are correct, click on the Mark Complete button on the Batch Review Screen. This means that you attest to the data for that quarter.

9. What if I disagree with the information on the Verification Reports?

Contact KHA with your concern as soon as possible. There is a two-week period allowed to verify the quarterly information. If, during that time, you discover a problem we will fix the data prior to starting production for our output. Depending on the issue identified we will work with hospitals to ensure data accuracy and completeness. It may be that some data concerns will be noted in a README file that is sent to end users. Data discrepancies discovered after production steps have been completed and end users have access will be addressed on an individual basis for corrective action which may or may not result in a charge to the facility to fix inaccuracies.

Technical / IT Questions

10. Can I submit my inpatient data separately from my outpatient data?

As the file format is the same for both inpatient and outpatient data there is no need to submit separate files. However, the system will allow for separate inpatient and outpatient files to be submitted. Please note however, that once you mark the quarter complete which indicates you will not be submitting any more data for that quarter you will be unable to submit another batch for that quarter without contacting KHA for assistance.

11. Does this Web submission process ensure that my data is secure?

Security Application includes:

- i. User authentication is employed to verify the identity of users and determine access rights.
- ii. 128 Bit SSL certificate is present on the web server to encrypt communication with users.

Resources

Contact Information

Kentucky Hospital Association
2501 Nelson Miller Parkway
PO Box 436629
Louisville, KY 40253-6629

Helpline

1-888-992-4320
(502) 426-6220

KY IPOP System Website

<https://www.kyipop.org>

This site is used for submission of case data and case counts.

Statute & Regulations

Commonwealth of Kentucky
Cabinet for Health and Family Services
Office of Health Policy
275 E Main Street, 4 W-E
Frankfort, KY 40621
(502)-564-9592