

Virginia Health Information

Patient Level Data - Outpatient Submission Manual



Version 2.0

March 30, 2022

Table of Contents

[Submission of Outpatient Data](#)

[Background](#)

[Data Submissions](#)

[New Data Submitter Enrollments](#)

[Secure Submission Portal](#)

[Required Outpatient Procedures](#)

[Reporting Responsibility](#)

[Data Edits](#)

[Schedule](#)

[Verified Data](#)

[Unverified Data](#)

[Fees](#)

[Law and Regulations](#)

[Use of Data](#)

[Required Outpatient Surgical Procedures](#)

[Outpatient Record Layout](#)

[Data Element Formats](#)

[Record Layout Table](#)

[Outpatient Data Edits](#)

[Hospital Medicare Provider Number](#)

[Hospital National Provider Identifier](#)

[Operating Physician Identifier](#)

[Record Type](#)

[Patient Control Number](#)

[Medical Record Number](#)

[Patient Social Security Number](#)

[Patient Sex](#)

[Patient Date of Birth](#)

[Patient Street Address](#)

[Patient City or County](#)

[Patient ZIP Code](#)

[Patient Discharge Status](#)

[Admission Date](#)

[Admission Hour](#)

[Payer Identifiers](#)

[Patient Relationship to Insured](#)

[Employer Identifier](#)

[Employment Status Code](#)

[Admitting Diagnosis Code](#)

[Reason for Visit Codes](#)

[Principal Diagnosis Code](#)

[Other Diagnosis Codes](#)

[External Cause of Injury Codes](#)

[Procedure \(CPT\) Codes](#)

[Procedure \(CPT\) Dates](#)

[Revenue Code](#)

[Revenue Code "0001" edits](#)

[Revenue Units](#)

[Revenue Charges](#)

[Total Charges](#)

[Appendix A: Secure Submission Portal Instructions](#)

[Accessing the Site](#)

[Password Resets](#)

[Main Menu](#)

[Uploading Data](#)

[Downloading Files](#)

[Changing Passwords](#)

Submission of Outpatient Data

Background

This document describes the methods that Virginia-based ambulatory surgical centers, hospitals, and physicians (referred to as reporting entities) must use to submit patient level data to satisfy Chapter 7.2 of the Code of Virginia. The Virginia Department of Health (VDH) is the state agency responsible for administration of the patient level data program. VDH contracts with Virginia Health Information (VHI), a nonprofit company to collect, process, verify, analyze and disseminate this information.

Requirements for reporting certain outpatient surgical procedures came about following the reports of multidisciplinary study groups that recommended expansion of Virginia's patient level data system to include outpatient surgical data. The study groups included business, consumer, hospital, physician and state representatives nominated by their trade associations.

The required procedures to be reported were not specified in the law. Selection of the procedures was deferred to another multidisciplinary task force that made recommendations to Virginia Health Information. The Board of Health approved the initial required procedures in August 2001. The procedures undergo periodic review.

Data Submissions

Data comes primarily from a subset of the information routinely reported on the UB-04 or CMS-1500 claim forms. This data must be submitted using the electronic record format described in this document. If you have questions concerning the submission record format, or if you require assistance in order to submit data in this format, you may contact:

System13

VHI Support Help Desk

vhi_support@system13.com

434-963-3193

Hospitals and other providers participating in private data sharing programs through a professional association may have the data-sharing program submit patient level data on their behalf. All reporting entities should contact their software vendor or data sharing association about any changes necessary to capture and report required information.

Those entities reporting outpatient procedures should check with their vendor about changes necessary to their electronic billing systems to capture and report the required information. Those using paper systems should review their forms for the ability to capture the necessary information.

New Data Submitter Enrollments

To enroll as a new reporting entity for an outpatient provider, you must provide VHI with the information listed below. Send an email with your facility information to the VHI Support Help Desk at vhi_support@system13.com.

- **Facility Name**
- **Facility Address** (Street, City, State & ZIP code)
- **Medicare Provider Number** (If applicable)
- **National Provider Identifier** (Organizational)
- **Facility Type.** Choose one of:
 - General Acute Care Hospital
 - Children's Hospital
 - Critical Access Hospital
 - Psychiatric Hospital
 - Rehabilitation Facility
 - Specialty Hospital
 - Other Hospital - Unspecified
- **Software Vendor**
- **Primary Contact.** Please provide the following information:
 - Name
 - Title
 - Phone Number
 - Email

-
- **Alternate Contact** (optional). Please provide the following information:
 - Name
 - Title
 - Phone Number
 - Email
 - **Number of Licensed Beds**
 - **Number of Staffed Beds**
 - **Tax Status.** Choose one of:
 - Not-for-profit
 - Proprietary
 - **Teaching Status** (if applicable). Choose one of:
 - Council for GME
 - Council for Teaching
 - **POA Exempt Status.** Specify Yes or No.

Secure Submission Portal

Data must be sent to VHI using the secure submission portal at <https://vhi.system13.com>. Submissions through insecure means will not be allowed, such as sending data via unencrypted email or sending physical electronic media or paper forms by standard mail. If a reporting entity is unable to use the secure submission portal, exceptions can be arranged for using alternative secure delivery methods, such as encrypted email, on a case-by-case basis.

Once a reporting entity has been enrolled in the VHI patient level data system, it will be issued a six-digit identifier for their facility, as well as a username linked to the email address of the reporting entity's primary contact. This username can be used to log into the secure submission portal for uploading data and downloading reports.

See [Appendix A](#) for instructions on accessing the secure submission portal.

Required Outpatient Procedures

The procedures listed in [Required Outpatient Surgical Procedures](#) have been approved by the Virginia Board of Health for reporting when performed on an outpatient basis. These procedures fall into the following categories:

1. Colonoscopy
2. Laparoscopy & Laparoscopic Surgery
 - a. Laparoscopy
 - b. Laparoscopy/Hysteroscopy
 - c. Laparoscopic Cholecystectomy
 - d. Laparoscopic Hernia Repair
3. Surgery of the Breast, including Repair and Reconstruction
 - a. Surgery
 - b. Repair and/or Reconstruction of the Breast
4. Hernia Repair
5. Liposuction
6. Facial Surgery, including Facelift, Blepharoplasty and Laser Resurfacing
7. Knee Arthroscopy

Only claims which include at least one of the required CPT codes need to be reported. Any records submitted which do not include a required CPT code will be excluded from the final set of data reported to VHI.

Reporting Responsibility

When one of the required outpatient procedures is performed by a physician in an ambulatory surgical center (ASC) or hospital outpatient department (HOPD), reporting responsibility falls to the HOPD or ASC—not the physician. Physicians performing selected surgeries in their office are responsible for reporting.

All outpatient events performed in an ASC, HOPD, or physician's office which include required procedures must be reported. This includes procedures for which the patient has paid for by themselves and which may not be billed using a UB-04 or CMS-1500 form.

Data Edits

VHI applies a set of edits detailed in [Outpatient Data Edits](#). Records not passing edits will be identified and returned to the provider. VHI produces summary reports of filing data for affected providers. To avoid penalties, submitters must correct any data in error such that the total accuracy rate of the data meets or exceeds 95%.

Schedule

Data is submitted on a quarterly basis. Data must be submitted by the dates in the table below, based on whether the data is "verified" or "unverified". The distinction between "verified" and "unverified" data is detailed in the proceeding sections.

Type of Submission	Frequency of Submission	Notes
Verified	120 days following the end of the calendar quarter.	VDH may levy fees if records are submitted late.
Unverified	60 days following the end of the calendar quarter.	VDH may levy fees if records are submitted late or for data under a 95% accuracy threshold.

Verified Data

Data is considered "verified" if it has been edited independently of VHI's system and can be certified before submission that it passes edits for 95% of all records electronically submitted by a provider. These edits are listed in [Outpatient Data Edits](#). Verified data for all outpatient discharges that occur in a calendar quarter must be received by VHI by 120 days following the close of the calendar quarter.

Unverified Data

Data is considered "unverified" if it has not been independently edited and verified to pass edits for 95% of all records electronically submitted by a provider. Unverified data must be submitted

60 days following the close of the calendar quarter. This ensures that VHI will have sufficient time to edit the data, produce error reports, and deliver the reports to providers so they may correct any errors on their data. If unverified data is not corrected in a timely manner, then VDH may issue penalties based on the accuracy rate of the data.

Fees

The Board of Health has established fines for data that is late or in error. Filings that are missing, late, or incomplete are subject to a \$25 per day fine to be levied by VDH. There is a fine of up to \$1.00 per record for data that has an accuracy rate under 95%.

Law and Regulations

Ambulatory surgical centers (ASCs), hospital outpatient departments (HOPDs) and physician offices are required to report certain outpatient procedures.

The laws and regulations relevant to the establishment and operation of the patient level data system are available at the following links:

- Virginia 2001 Legislative Session, HB 2763 Health; Outpatient Data Collection
 - <https://lis.virginia.gov/cgi-bin/legp604.exe?011+sum+HB2763>
- Code of Virginia - Chapter 7.2. Health Care Data Reporting
 - <https://law.lis.virginia.gov/vacode/title32.1/chapter7.2/>
- Administrative Code - Chapter 218. Rules and Regulations Governing Outpatient Health Data Reporting
 - <https://law.lis.virginia.gov/admincode/title12/agency5/chapter218/>

Use of Data

Data and information submitted to VHI can be utilized to support public health studies, develop information for consumers and for use by hospitals and physicians. Information developed for

consumers from this outpatient data may be found at <https://www.vhi.org/outpatient>. If you are interested in more information please indicate interest by email to joan@vhi.org or by calling 804-643-5573.

Required Outpatient Surgical Procedures

This required outpatient procedure codes in this list were chosen based on their volume, clinical severity and actual or perceived risk to the patient. A multi-disciplinary technical advisory group also considered their prevalence among various age groups and gender distribution.

The required outpatient surgical procedure codes will be periodically reviewed and updated by the Board of Health with input from affected parties and others. Because codes are sometimes modified by the federal government and others, you may wish to periodically check to see if revisions have been made to the list.

CPT Code	CPT Description
COLONOSCOPY (Group 01)	
44388	Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
44390	Colonoscopy through stoma; with removal of foreign body(s)
44391	Colonoscopy through stoma; with control of bleeding, any method
44392	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps
44401	Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre-and post-dilation and guide wire passage, when performed)
44402	Colonoscopy through stoma; with endoscopic stent placement (including pre- and post-dilation and guide wire passage, when performed)
44403	Colonoscopy through stoma; with endoscopic mucosal resection
44404	Colonoscopy through stoma; with directed submucosal injection(s), any substance
44405	Colonoscopy through stoma; with transendoscopic balloon dilation
44406	Colonoscopy through stoma; with endoscopic ultrasound examination, limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures
44407	Colonoscopy through stoma; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the sigmoid, descending, transverse, or ascending colon

CPT Code	CPT Description
	and cecum and adjacent structures
44408	Colonoscopy through stoma; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed
45355	Colonoscopy, rigid or flexible, transabdominal via colotomy, single or multiple
45378	Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)
45379	Colonoscopy, flexible; with removal of foreign body(s)
45380	Colonoscopy, flexible; with biopsy, single or multiple
45381	Colonoscopy, flexible; with directed submucosal injection(s), any substance
45382	Colonoscopy, flexible; with control of bleeding, any method
45383	Colonoscopy, flexible; with ablation of tumor(s), polyp(s) or other lesion(s), not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
45384	Colonoscopy, flexible; with removal of tumor(s), polyp(s) or other lesion(s) by hot biopsy forceps or bipolar cautery
45385	Colonoscopy, flexible; with removal of tumor(s), polyp(s) or other lesion(s) by snare technique
45386	Colonoscopy, flexible; with transendoscopic balloon dilation
45388	Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
45389	Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)
45390	Colonoscopy, flexible; with endoscopic mucosal resection
45391	Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures
45392	Colonoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures
45393	Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed
45398	Colonoscopy, flexible; with band ligation(s) (eg, hemorrhoids)

CPT Code	CPT Description
45399	Unlisted procedure, colon
LAPAROSCOPY & LAPAROSCOPIC SURGERY (Group 02)	
47562	Laparoscopy, surgical; cholecystectomy
47563	Laparoscopy, surgical; cholecystectomy with cholangiography
47564	Laparoscopy, surgical; cholecystectomy with exploration of common duct
47570	Laparoscopy, surgical; cholecystoenterostomy
47579	Unlisted laparoscopy procedure, biliary tract
49320	Laparoscopy, abdomen, peritoneum and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
49321	Laparoscopy, surgical; with biopsy (single or multiple)
49322	Laparoscopy, surgical; with aspiration of cavity or cyst (eg, ovarian cyst) (single or multiple)
49323	Laparoscopy, surgical; with drainage of lymphocele to peritoneal cavity
49329	Unlisted laparoscopy procedure, abdomen, peritoneum and omentum
49650	Laparoscopy, surgical: repair initial inguinal hernia
49651	Laparoscopy, surgical; repair recurrent inguinal hernia
49659	Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy
58550	Laparoscopy, surgical; with vaginal hysterectomy with or without removal of tube(s), with or without removal of ovary(s) (laparoscopic assisted vaginal hysterectomy)
58551	Laparoscopy, surgical; with removal of leiomyomata (single or multiple)
58559	Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)
58560	Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)
58561	Hysteroscopy, surgical; with removal of leiomyomata
58563	Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)
58578	Unlisted laparoscopy procedure, uterus

CPT Code	CPT Description
58579	Unlisted hysteroscopy procedure, uterus
58660	Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)
58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)
58662	Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method
58670	Laparoscopy, surgical; with fulguration of oviducts (with or without transection)
58671	Laparoscopy, surgical; with occlusion of oviducts by device (eg, band, clip, or Falope ring)
58672	Laparoscopy, surgical; with fimbrioplasty
58673	Laparoscopy, surgical; with salpingostomy (salpingoneostomy)
58679	Unlisted laparoscopy procedure, oviduct, ovary
SURGERY OF THE BREAST (Group 03)	
19102	Biopsy of breast; percutaneous, needle core, using imaging guidance
19103	Biopsy of breast; percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance
19110	Nipple exploration, with or without excision of a solitary lactiferous duct or a papilloma lactiferous duct
19112	Excision of lactiferous duct fistula
19120	Excision of cyst, fibroadenoma or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion (except 19140), open, male or female, one or more lesions
19125	Excision of breast lesion identified by preoperative placement of radiological marker, open, single lesion
19126	Each additional lesion separately identified by a preoperative radiological marker (List separately in addition to code for primary procedure)
19140	Mastectomy for gynecomastia
19160	Mastectomy, partial
19290	Preoperative placement of needle localization wire, breast
19291	Preoperative placement of needle localization wire, breast; each additional lesion (List separately in addition to code for primary procedure)
19316	Mastopexy

CPT Code	CPT Description
19318	Reduction mammoplasty
19324	Mammoplasty, augmentation; without prosthetic implant
19325	Breast augmentation with implant
19328	Removal of intact mammary implant
19330	Removal of mammary implant material
19340	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
19342	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
19350	Nipple/areola reconstruction
19355	Correction of inverted nipples
19357	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion
19361	Breast reconstruction with latissimus dorsi flap, with or without prosthetic implant
19364	Breast reconstruction with free flap
19366	Breast reconstruction with other technique
19367	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap
19368	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap, requiring separate microvascular anastomosis (supercharging)
19369	Breast reconstruction; with bipedicled transverse rectus abdominis myocutaneous (TRAM) flap
19370	Revision of peri-implant capsule, breast, including capsulotomy, capsulorrhaphy, and/or partial capsulectomy
19371	Peri-implant capsulectomy, breast, complete, including removal of all intracapsular contents
19380	Revision of reconstructed breast (eg, significant removal of tissue, re-advancement and/or re-inset of flaps in autologous reconstruction or significant capsular revision combined with soft tissue excision in implant-based reconstruction)

CPT Code	CPT Description
19396	Preparation of moulage for custom breast implant
19499	Unlisted procedure, breast
HERNIA REPAIR (Group 04)	
49495	Repair, initial inguinal hernia, full term infant younger than age 6 months, or preterm infant older than 50 weeks postconception age and younger than age 6 months at the time of surgery, with or without hydrocelectomy; reducible
49496	Repair, initial inguinal hernia, full term infant younger than age 6 months, or preterm infant older than 50 weeks postconception age and younger than age 6 months at the time of surgery, with or without hydrocelectomy; incarcerated or strangulated
49500	Repair initial inguinal hernia, age 6 months to under 5 years, with or without hydrocelectomy; reducible
49501	Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; incarcerated or strangulated
49505	Repair initial inguinal hernia, age 5 years or over; reducible
49507	Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated
49520	Repair recurrent inguinal hernia, any age; reducible
49521	Repair recurrent inguinal hernia, any age; incarcerated or strangulated
49525	Repair inguinal hernia; sliding, any age
49540	Repair lumbar hernia
49550	Repair initial femoral hernia, any age; reducible
49553	Repair initial femoral hernia, any age; incarcerated or strangulated
49555	Repair recurrent femoral hernia; reducible
49557	Repair recurrent femoral hernia; incarcerated or strangulated
49560	Repair initial incisional or ventral hernia; reducible
49561	Repair initial incisional or ventral hernia; incarcerated or strangulated
49565	Repair recurrent incisional or ventral hernia; reducible
49566	Repair recurrent incisional or ventral hernia; incarcerated or strangulated
49568	Implantation of mesh or other prosthesis for incisional or ventral hernia repair (List separately in addition to code for the incisional or ventral hernia repair)
49570	Repair epigastric hernia (e.g. Preperitoneal fat); reducible (separate procedure)

CPT Code	CPT Description
49572	Repair epigastric hernia (eg, preperitoneal fat); incarcerated or strangulated
49580	Repair umbilical hernia, under age 5 years; reducible
49582	Repair umbilical hernia, younger than age 5 years; incarcerated or strangulated
49585	Repair umbilical hernia, age 5 years or over; reducible
49587	Repair umbilical hernia, age 5 years or older; incarcerated or strangulated
49590	Repair spigelian hernia
49600	Repair of small omphalocele, with primary closure
49605	Repair of large omphalocele or gastroschisis; with or without prosthesis
49606	Repair of large omphalocele or gastroschisis; with removal of prosthesis, final reduction and closure, in operating room
49610	Repair of omphalocele (Gross type operation); first stage
49611	Repair of omphalocele (Gross type operation); second stage
LIPOSUCTION (Group 05)	
15876	Suction assisted lipectomy; head and neck
15877	Suction assisted lipectomy; trunk
15878	Suction assisted lipectomy; upper extremity
15879	Suction assisted lipectomy; lower extremity
FACIAL SURGERY (Group 06)	
15820	Blepharoplasty, lower eyelid;
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad
15822	Blepharoplasty, upper eyelid
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid
15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)
15828	Rhytidectomy; cheek, chin, and neck
KNEE ARTHROSCOPY (Group 07)	
29871	Arthroscopy, knee, surgical; for infection, lavage and drainage
29874	Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)
29875	Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)
29876	Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg,

CPT Code	CPT Description
	medial or lateral)
29877	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)
29879	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture
29880	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed
29881	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed
29882	Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)
29883	Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral)
29884	Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)
29885	Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)
29886	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion
29887	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation
29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction
29889	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction

Outpatient Record Layout

Data Element Formats

- **Alphanumeric** fields can include both letters and numbers. These fields must be left-justified and blank filled to the right.
- **Unsigned numeric** fields can only include numbers. Negative numbers or zoned decimals are not allowed. These fields must be right-justified and zero-filled to the left.
- **Signed numeric** fields can only include numbers, with the exception of zoned decimals, which are also allowed. Negative numbers are allowed. Negative numbers may be encoded with a leading minus sign ("-"). The sign of the numeric field (positive or negative) may also be encoded using zoned decimals. These fields must be right-justified and zero-filled to the left.

Record Layout Table

Item Seq #	Data Element	Format	Position From	Position Through	Length	Instructions	UB-04 Form Locator	CMS-1500 Field Number	Edit Error Codes
1	Provider Number (Medicare/VHI)	Alphanumeric	1	6	6	A six-digit VHI provider number assigned to each hospital, ambulatory care center and physician who submits data to VHI.	See instructions	See instructions	Required; data will not be accepted if this field is missing or invalid
2	Provider NPI	Alphanumeric	7	16	10	The hospital, ambulatory care center or physician's organizational NPI.	56	32 or 33	28
3	Operating Physician Identifier	Alphanumeric	17	26	10	The Operating Physician's individual NPI	77 A	24j NPI	92

Item Seq #	Data Element	Format	Position From	Position Through	Length	Instructions	UB-04 Form Locator	CMS-1500 Field Number	Edit Error Codes
4	Record Type	Unsigned numeric	27	27	1	The Patient Record is based on a UB-04 format or a CMS-1500 format. Use 1 for UB-04, use 2 for CMS-1500.	N/A	N/A	Required; data will not be accepted if this field is missing or invalid
5	Patient Control Number (Patient's Account Number)	Alphanumeric	28	47	20	Used for correction/analysis of data if needed	3a	26	
6	Medical Record Number	Alphanumeric	48	70	23	Used for correction/analysis of data if needed	3b	N/A	
7	Patient Identifier (SSN)	Alphanumeric	71	79	9	Enter the nine-digit social security number of the patient. If a social security number has not been assigned, leave blank. The nine-digit social security number is not required for patients under four years of age.	See instructions	See instructions	46, 47, 83, 86, 87, 88, 97, 99, 102, 103, 104
8	Patient Sex	Alphanumeric	80	80	1	Enter M for Male, F for Female or U for Unknown	11	3	69, 70
9	Date of Birth	Unsigned numeric	81	88	8	Enter the date in MMDDYYYY format	10; must be in format specified in instructions	3; must be in format specified in instructions	14, 15, 16, 17, 18, 19, 96
10	Patient Street Address	Alphanumeric	89	128	40	Patient Street Address is a required field. Enter the valid patient's residence street number and street name. Do not include PO Box numbers.	9a	5	108
11	Patient City or County	Alphanumeric	129	158	30	Patient City or County is a required field. Enter the valid patient's complete City or County of residence.	9b	5	109
12	Patient ZIP Code	Alphanumeric	159	167	9	Enter patient ZIP code	9d	5	48, 49, 50, 84
13	Patient Status at Discharge	Unsigned numeric	168	169	2	Enter code as appropriate to billing form and discharge date	17	Use outpatient UB-04 codes	42, 43, 81
14	Admission Date	Unsigned numeric	170	177	8	Admission/start of care date in MMDDYYYY format	12	24 A	1, 2, 3, 4, 5, 98

Item Seq #	Data Element	Format	Position From	Position Through	Length	Instructions	UB-04 Form Locator	CMS-1500 Field Number	Edit Error Codes
15	Admission Hour	Unsigned numeric	178	179	2	Hour of admission in military time (00 - 23)	13	See instructions	7, 77
16	Payer Identifier A	Alphanumeric	180	204	25	Enter the English description of the payer name. Payer name may be replaced in the future to utilize the nationally assigned payer ID or its successor as approved by the Board of Health.	50 A per instructions	11c per instructions	
17	Payer Code A	Alphanumeric	205	206	2	For VHHA only			
18	Payer Identifier B	Alphanumeric	207	231	25	Enter the English description of the payer name. Payer name may be replaced in the future to utilize the nationally assigned payer ID or its successor as approved by the Board of Health.	50 B per instructions	9d per instructions	
19	Payer Code B	Alphanumeric	232	233	2	For VHHA only			
20	Payer Identifier C	Alphanumeric	234	258	25	Enter the English description of the payer name. Payer name may be replaced in the future to utilize the nationally assigned payer ID or its successor as approved by the Board of Health.	50 C per instructions	N/A	
21	Payer Code C	Alphanumeric	259	260	2	For VHHA only			
22	Patient Relationship to Insured A	Alphanumeric	261	262	2	Use definitions	59 A	6	44, 45
23	Patient Relationship to Insured B	Alphanumeric	263	264	2	Use definitions	59 B	N/A	44, 45
24	Patient Relationship to Insured C	Alphanumeric	265	266	2	Use definitions	59 C	N/A	44, 45
25	Employer Identifier	Alphanumeric	267	290	24	Enter the employer name or, if subsequently adopted by the Board of Health, the federally approved Employer Identifier (EIN).	65 A with name/code s noted in instructions	See name/code s noted in instructions	
26	Employer Status Code	Alphanumeric	291	291	1	For UB-04, see UB-04 definitions (1-6 and 9); for CMS-1500, use 1 for Employed Full-time, 2 for Full-Time			26

Item Seq #	Data Element	Format	Position From	Position Through	Length	Instructions	UB-04 Form Locator	CMS-1500 Field Number	Edit Error Codes
						Student and 3 for Part-time Student			
27	Admission Diagnosis	Alphanumeric	292	298	7	Codes set ICD-10 or their successors, omit decimal	69	N/A	12, 52, 75, 110, 114
28	Reason for Visit Code 1	Alphanumeric	299	305	7	Codes set ICD-10 or their successors, omit decimal	70a	N/A	51, 52, 110, 114
29	Reason for Visit Code 2	Alphanumeric	306	312	7	Codes set ICD-10 or their successors, omit decimal	70b	N/A	51, 52, 110, 114
30	Reason for Visit Code 3	Alphanumeric	313	319	7	Codes set ICD-10 or their successors, omit decimal	70c	N/A	51, 52, 110, 114
31	Principal Diagnosis	Alphanumeric	320	327	8	Codes set ICD-10 or their successors, omit decimal	67	21-A	51, 52, 53, 111, 115
32	Other Diagnosis 1	Alphanumeric	328	335	8	Codes set ICD-10 or their successors, omit decimal	67A	21-B	51, 52, 112
33	Other Diagnosis 2	Alphanumeric	336	343	8	Codes set ICD-10 or their successors, omit decimal	67B	21-C	51, 52, 112
34	Other Diagnosis 3	Alphanumeric	344	351	8	Codes set ICD-10 or their successors, omit decimal	67C	21-D	51, 52, 112
35	Other Diagnosis 4	Alphanumeric	352	359	8	Codes set ICD-10 or their successors, omit decimal	67D	21-E	51, 52, 112
36	Other Diagnosis 5	Alphanumeric	360	367	8	Codes set ICD-10 or their successors, omit decimal	67E	21-F	51, 52, 112
37	Other Diagnosis 6	Alphanumeric	368	375	8	Codes set ICD-10 or their successors, omit decimal	67F	21-G	51, 52, 112
38	Other Diagnosis 7	Alphanumeric	376	383	8	Codes set ICD-10 or their successors, omit decimal	67G	21-H	51, 52, 112
39	Other Diagnosis 8	Alphanumeric	384	391	8	Codes set ICD-10 or their successors, omit decimal	67H	21-I	51, 52, 112
40	Other Diagnosis 9	Alphanumeric	392	399	8	Codes set ICD-10 or their successors, omit decimal	67I	21-J	51, 52, 112
41	Other Diagnosis 10	Alphanumeric	400	407	8	Codes set ICD-10 or their successors, omit decimal	67J	21-K	51, 52, 112
42	Other Diagnosis 11	Alphanumeric	408	415	8	Codes set ICD-10 or their successors, omit decimal	67K	21-L	51, 52, 112
43	Other Diagnosis 12	Alphanumeric	416	423	8	Codes set ICD-10 or their successors, omit decimal	67L	N/A	51, 52, 112
44	Other Diagnosis 13	Alphanumeric	424	431	8	Codes set ICD-10 or their successors, omit decimal	67M	N/A	51, 52, 112
45	Other Diagnosis 14	Alphanumeric	432	439	8	Codes set ICD-10 or their successors, omit decimal	67N	N/A	51, 52, 112

Item Seq #	Data Element	Format	Position From	Position Through	Length	Instructions	UB-04 Form Locator	CMS-1500 Field Number	Edit Error Codes
46	Other Diagnosis 15	Alphanumeric	440	447	8	Codes set ICD-10 or their successors, omit decimal	67O	N/A	51, 52, 112
47	Other Diagnosis 16	Alphanumeric	448	455	8	Codes set ICD-10 or their successors, omit decimal	67P	N/A	51, 52, 112
48	Other Diagnosis 17	Alphanumeric	456	463	8	Codes set ICD-10 or their successors, omit decimal	67Q	N/A	51, 52, 112
49	External Cause of Injury/Morbidity (ECI) Code 1	Alphanumeric	464	471	8	Codes set ICD-10 or their successors, omit decimal	72a	21-A to 24-L, where appropriate (V00-Y99)	94, 95, 113
50	External Cause of Injury/Morbidity (ECI) Code 2	Alphanumeric	472	479	8	Codes set ICD-10 or their successors, omit decimal	72b	21-A to 24-L, where appropriate (V00-Y99)	94, 95, 113
51	External Cause of Injury/Morbidity (ECI) Code 3	Alphanumeric	480	487	8	Codes set ICD-10 or their successors, omit decimal	72c	21-A to 24-L, where appropriate (V00-Y99)	94, 95, 113
52	Old ICD-9 PX codes - now filler	Alphanumeric	488	529	42	Filler		N/A	
53	Procedure 1 (CPT)	Alphanumeric	530	534	5	Codes set CPT 4 or their successors	44-1 (CPT only)	24 D-1	34, 35
54	Procedure 2 (CPT)	Alphanumeric	535	539	5	Codes set CPT 4 or their successors	44-2 (CPT only)	24 D-2	34, 35
55	Procedure 3 (CPT)	Alphanumeric	540	544	5	Codes set CPT 4 or their successors	44-3 (CPT only)	24 D-3	34, 35
56	Procedure 4 (CPT)	Alphanumeric	545	549	5	Codes set CPT 4 or their successors	44-4 (CPT only)	24 D-4	34, 35
57	Procedure 5 (CPT)	Alphanumeric	550	554	5	Codes set CPT 4 or their successors	44-5 (CPT only)	24 D-5	34, 35
58	Procedure 6 (CPT)	Alphanumeric	555	559	5	Codes set CPT 4 or their successors	44-6 (CPT only)	24 D-6	34, 35
59	CPT Modifier 1-a	Alphanumeric	560	561	2	Include first CPT, first modifier, if applicable	44-1	24 D-1	
60	CPT Modifier 1-b	Alphanumeric	562	563	2	Include first CPT, second modifier, if applicable	44-1	24 D-1	
61	CPT Modifier 1-c	Alphanumeric	564	565	2	Include first CPT, third modifier, if applicable	44-1	24 D-1	
62	CPT Modifier 1-d	Alphanumeric	566	567	2	Include first CPT, fourth modifier, if applicable	44-1	24 D-1	

Item Seq #	Data Element	Format	Position From	Position Through	Length	Instructions	UB-04 Form Locator	CMS-1500 Field Number	Edit Error Codes
63	CPT Modifier 2-a	Alphanumeric	568	569	2	Include second CPT, first modifier, if applicable	44-2	24 D-2	
64	CPT Modifier 2-b	Alphanumeric	570	571	2	Include second CPT, second modifier, if applicable	44-2	24 D-2	
65	CPT Modifier 2-c	Alphanumeric	572	573	2	Include second CPT, third modifier, if applicable	44-2	24 D-2	
66	CPT Modifier 2-d	Alphanumeric	574	575	2	Include second CPT, fourth modifier, if applicable	44-2	24 D-2	
67	CPT Modifier 3-a	Alphanumeric	576	577	2	Include third CPT, first modifier, if applicable	44-3	24 D-3	
68	CPT Modifier 3-b	Alphanumeric	578	579	2	Include third CPT, second modifier, if applicable	44-3	24 D-3	
69	CPT Modifier 3-c	Alphanumeric	580	581	2	Include third CPT, third modifier, if applicable	44-3	24 D-3	
70	CPT Modifier 3-d	Alphanumeric	582	583	2	Include third CPT, fourth modifier, if applicable	44-3	24 D-3	
71	CPT Modifier 4-a	Alphanumeric	584	585	2	Include fourth CPT, first modifier, if applicable	44-4	24 D-4	
72	CPT Modifier 4-b	Alphanumeric	586	587	2	Include fourth CPT, second modifier, if applicable	44-4	24 D-4	
73	CPT Modifier 4-c	Alphanumeric	588	589	2	Include fourth CPT, third modifier, if applicable	44-4	24 D-4	
74	CPT Modifier 4-d	Alphanumeric	590	591	2	Include fourth CPT, fourth modifier, if applicable	44-4	24 D-4	
75	CPT Modifier 5-a	Alphanumeric	592	593	2	Include fifth CPT, first modifier, if applicable	44-5	24 D-5	
76	CPT Modifier 5-b	Alphanumeric	594	595	2	Include fifth CPT, second modifier, if applicable	44-5	24 D-5	
77	CPT Modifier 5-c	Alphanumeric	596	597	2	Include fifth CPT, third modifier, if applicable	44-5	24 D-5	
78	CPT Modifier 5-d	Alphanumeric	598	599	2	Include fifth CPT, fourth modifier, if applicable	44-5	24 D-5	
79	CPT Modifier 6-a	Alphanumeric	600	601	2	Include sixth CPT, first modifier, if applicable	44-6	24 D-6	
80	CPT Modifier 6-b	Alphanumeric	602	603	2	Include sixth CPT, second modifier, if applicable	44-6	24 D-6	
81	CPT Modifier 6-c	Alphanumeric	604	605	2	Include sixth CPT, third modifier, if applicable	44-6	24 D-6	
82	CPT Modifier 6-d	Alphanumeric	606	607	2	Include sixth CPT, fourth modifier, if applicable	44-6	24 D-6	

Item Seq #	Data Element	Format	Position From	Position Through	Length	Instructions	UB-04 Form Locator	CMS-1500 Field Number	Edit Error Codes
83	Procedure 1 From Date	Unsigned numeric	608	615	8	MMDDYYYY format	N/A	24 A-1 From Date	36, 37, 38, 39, 41
84	Procedure 1 To Date	Unsigned numeric	616	623	8	MMDDYYYY format	45-1	24 A-1 To Date	36, 37, 38, 39, 41
85	Procedure 2 From Date	Unsigned numeric	624	631	8	MMDDYYYY format	N/A	24 A-2 From Date	36, 37, 38, 39, 41
86	Procedure 2 To Date	Unsigned numeric	632	639	8	MMDDYYYY format	45-2	24 A-2 To Date	36, 37, 38, 39, 41
87	Procedure 3 From Date	Unsigned numeric	640	647	8	MMDDYYYY format	N/A	24 A-3 From Date	36, 37, 38, 39, 41
88	Procedure 3 To Date	Unsigned numeric	648	655	8	MMDDYYYY format	45-3	24 A-3 To Date	36, 37, 38, 39, 41
89	Procedure 4 From Date	Unsigned numeric	656	663	8	MMDDYYYY format	N/A	24 A-4 From Date	36, 37, 38, 39, 41
90	Procedure 4 To Date	Unsigned numeric	664	671	8	MMDDYYYY format	45-4	24 A-4 To Date	36, 37, 38, 39, 41
91	Procedure 5 From Date	Unsigned numeric	672	679	8	MMDDYYYY format	N/A	24 A-5 From Date	36, 37, 38, 39, 41
92	Procedure 5 To Date	Unsigned numeric	680	687	8	MMDDYYYY format	45-5	24 A-5 To Date	36, 37, 38, 39, 41
93	Procedure 6 From Date	Unsigned numeric	688	695	8	MMDDYYYY format	N/A	24 A-6 From Date	36, 37, 38, 39, 41
94	Procedure 6 To Date	Unsigned numeric	696	703	8	MMDDYYYY format	45-6	24 A-6 To Date	36, 37, 38, 39, 41
95	Revenue Center Code 1	Unsigned numeric	704	707	4	As specified for UB-04, not available for CMS-1500	42-1	N/A	56, 57, 58
96	Revenue Center Units 1	Signed numeric	708	714	7	Revenue Center Units line item for UB-04; Procedure Code Units line item for CMS-1500	46-1	24 G-1	65, 66, 67, 68
97	Revenue Center Charges 1	Signed numeric	715	722	8	Revenue Center Charges for UB-04; Procedure Code line item charges for CMS-1500; dollar amount only	47-1	24 F-1	60, 61, 62, 63
98	Revenue Center Code 2	Unsigned numeric	723	726	4	As specified for UB-04, not available for CMS-1500	42-2	N/A	56, 57
99	Revenue Center Units 2	Signed numeric	727	733	7	Revenue Center Units line item for UB-04; Procedure Code Units line item for CMS-1500	46-2	24 G-2	65, 66, 67, 68
100	Revenue Center Charges 2	Signed numeric	734	741	8	Revenue Center Charges for UB-04; Procedure Code line item charges for CMS-1500; dollar amount only	47-2	24 F-2	60, 61, 62, 63

Item Seq #	Data Element	Format	Position From	Position Through	Length	Instructions	UB-04 Form Locator	CMS-1500 Field Number	Edit Error Codes
101	Revenue Center Code 3	Unsigned numeric	742	745	4	As specified for UB-04, not available for CMS-1500	42-3	N/A	56, 57
102	Revenue Center Units 3	Signed numeric	746	752	7	Revenue Center Units line item for UB-04; Procedure Code Units line item for CMS-1500	46-3	24 G-3	65, 66, 67, 68
103	Revenue Center Charges 3	Signed numeric	753	760	8	Revenue Center Charges for UB-04; Procedure Code line item charges for CMS-1500; dollar amount only	47-3	24 F-3	60, 61, 62, 63
104	Revenue Center Code 4	Unsigned numeric	761	764	4	As specified for UB-04, not available for CMS-1500	42-4	N/A	56, 57
105	Revenue Center Units 4	Signed numeric	765	771	7	Revenue Center Units line item for UB-04; Procedure Code Units line item for CMS-1500	46-4	24 G-4	65, 66, 67, 68
106	Revenue Center Charges 4	Signed numeric	772	779	8	Revenue Center Charges for UB-04; Procedure Code line item charges for CMS-1500; dollar amount only	47-4	24 F-4	60, 61, 62, 63
107	Revenue Center Code 5	Unsigned numeric	780	783	4	As specified for UB-04, not available for CMS-1500	42-5	N/A	56, 57
108	Revenue Center Units 5	Signed numeric	784	790	7	Revenue Center Units line item for UB-04; Procedure Code Units line item for CMS-1500	46-5	24 G-5	65, 66, 67, 68
109	Revenue Center Charges 5	Signed numeric	791	798	8	Revenue Center Charges for UB-04; Procedure Code line item charges for CMS-1500; dollar amount only	47-5	24 F-5	60, 61, 62, 63
110	Revenue Center Code 6	Unsigned numeric	799	802	4	As specified for UB-04, not available for CMS-1500	42-6	N/A	56, 57
111	Revenue Center Units 6	Signed numeric	803	809	7	Revenue Center Units line item for UB-04; Procedure Code Units line item for CMS-1500	46-6	24 G-6	65, 66, 67, 68
112	Revenue Center Charges 6	Signed numeric	810	817	8	Revenue Center Charges for UB-04; Procedure Code line item charges for CMS-1500; dollar amount only	47-6	24 F-6	60, 61, 62, 63
113	Revenue Center Code 7	Unsigned numeric	818	821	4	As specified for UB-04, not available for CMS-1500	42-7	N/A	56, 57
114	Revenue Center Units 7	Signed numeric	822	828	7	Revenue Center Units line item for UB-04; Procedure Code Units line item for CMS-1500	46-7	N/A	65, 66, 67, 68

Item Seq #	Data Element	Format	Position From	Position Through	Length	Instructions	UB-04 Form Locator	CMS-1500 Field Number	Edit Error Codes
115	Revenue Center Charges 7	Signed numeric	829	836	8	Revenue Center Charges for UB-04; Procedure Code line item charges for CMS-1500; dollar amount only	47-7	N/A	60, 61, 62, 63
116	Revenue Center Code 8	Unsigned numeric	837	840	4	As specified for UB-04, not available for CMS-1500	42-8	N/A	56, 57
117	Revenue Center Units 8	Signed numeric	841	847	7	Revenue Center Units line item for UB-04; Procedure Code Units line item for CMS-1500	46-8	N/A	65, 66, 67, 68
118	Revenue Center Charges 8	Signed numeric	848	855	8	Revenue Center Charges for UB-04; Procedure Code line item charges for CMS-1500; dollar amount only	47-8	N/A	60, 61, 62, 63
119	Revenue Center Code 9	Unsigned numeric	856	859	4	As specified for UB-04, not available for CMS-1500	42-9	N/A	56, 57
120	Revenue Center Units 9	Signed numeric	860	866	7	Revenue Center Units line item for UB-04; Procedure Code Units line item for CMS-1500	46-9	N/A	65, 66, 67, 68
121	Revenue Center Charges 9	Signed numeric	867	874	8	Revenue Center Charges for UB-04; Procedure Code line item charges for CMS-1500; dollar amount only	47-9	N/A	60, 61, 62, 63
122	Revenue Center Code 10	Unsigned numeric	875	878	4	As specified for UB-04, not available for CMS-1500	42-10	N/A	56, 57
123	Revenue Center Units 10	Signed numeric	879	885	7	Revenue Center Units line item for UB-04; Procedure Code Units line item for CMS-1500	46-10	N/A	65, 66, 67, 68
124	Revenue Center Charges 10	Signed numeric	886	893	8	Revenue Center Charges for UB-04; Procedure Code line item charges for CMS-1500; dollar amount only	47-10	N/A	60, 61, 62, 63
125	Revenue Center Code 11	Unsigned numeric	894	897	4	As specified for UB-04, not available for CMS-1500	42-11	N/A	56, 57
126	Revenue Center Units 11	Signed numeric	898	904	7	Revenue Center Units line item for UB-04; Procedure Code Units line item for CMS-1500	46-11	N/A	65, 66, 67, 68
127	Revenue Center Charges 11	Signed numeric	905	912	8	Revenue Center Charges for UB-04; Procedure Code line item charges for CMS-1500; dollar amount only	47-11	N/A	60, 61, 62, 63
128	Revenue Center Code 12	Unsigned numeric	913	916	4	As specified for UB-04, not available for CMS-1500	42-12	N/A	56, 57

Item Seq #	Data Element	Format	Position From	Position Through	Length	Instructions	UB-04 Form Locator	CMS-1500 Field Number	Edit Error Codes
129	Revenue Center Units 12	Signed numeric	917	923	7	Revenue Center Units line item for UB-04; Procedure Code Units line item for CMS-1500	46-12	N/A	65, 66, 67, 68
130	Revenue Center Charges 12	Signed numeric	924	931	8	Revenue Center Charges for UB-04; Procedure Code line item charges for CMS-1500; dollar amount only	47-12	N/A	60, 61, 62, 63
131	Revenue Center Code 13	Unsigned numeric	932	935	4	As specified for UB-04, not available for CMS-1500	42-13	N/A	56, 57
132	Revenue Center Units 13	Signed numeric	936	942	7	Revenue Center Units line item for UB-04; Procedure Code Units line item for CMS-1500	46-13	N/A	65, 66, 67, 68
133	Revenue Center Charges 13	Signed numeric	943	950	8	Revenue Center Charges for UB-04; Procedure Code line item charges for CMS-1500; dollar amount only	47-13	N/A	60, 61, 62, 63
134	Revenue Center Code 14	Unsigned numeric	951	954	4	As specified for UB-04, not available for CMS-1500	42-14	N/A	56, 57
135	Revenue Center Units 14	Signed numeric	955	961	7	Revenue Center Units line item for UB-04; Procedure Code Units line item for CMS-1500	46-14	N/A	65, 66, 67, 68
136	Revenue Center Charges 14	Signed numeric	962	969	8	Revenue Center Charges for UB-04; Procedure Code line item charges for CMS-1500; dollar amount only	47-14	N/A	60, 61, 62, 63
137	Revenue Center Code 15	Unsigned numeric	970	973	4	As specified for UB-04, not available for CMS-1500	42-15	N/A	56, 57
138	Revenue Center Units 15	Signed numeric	974	980	7	Revenue Center Units line item for UB-04; Procedure Code Units line item for CMS-1500	46-15	N/A	65, 66, 67, 68
139	Revenue Center Charges 15	Signed numeric	981	988	8	Revenue Center Charges for UB-04; Procedure Code line item charges for CMS-1500; dollar amount only	47-15	N/A	60, 61, 62, 63
140	Revenue Center Code 16	Unsigned numeric	989	992	4	As specified for UB-04, not available for CMS-1500	42-16	N/A	56, 57
141	Revenue Center Units 16	Signed numeric	993	999	7	Revenue Center Units line item for UB-04; Procedure Code Units line item for CMS-1500	46-16	N/A	65, 66, 67, 68
142	Revenue Center Charges 16	Signed numeric	1000	1007	8	Revenue Center Charges for UB-04; Procedure Code line item charges for CMS-1500; dollar amount only	47-16	N/A	60, 61, 62, 63

Item Seq #	Data Element	Format	Position From	Position Through	Length	Instructions	UB-04 Form Locator	CMS-1500 Field Number	Edit Error Codes
143	Revenue Center Code 17	Unsigned numeric	1008	1011	4	As specified for UB-04, not available for CMS-1500	42-17	N/A	56, 57
144	Revenue Center Units 17	Signed numeric	1012	1018	7	Revenue Center Units line item for UB-04; Procedure Code Units line item for CMS-1500	46-17	N/A	65, 66, 67, 68
145	Revenue Center Charges 17	Signed numeric	1019	1026	8	Revenue Center Charges for UB-04; Procedure Code line item charges for CMS-1500; dollar amount only	47-17	N/A	60, 61, 62, 63
146	Revenue Center Code 18	Unsigned numeric	1027	1030	4	As specified for UB-04, not available for CMS-1500	42-18	N/A	56, 57
147	Revenue Center Units 18	Signed numeric	1031	1037	7	Revenue Center Units line item for UB-04; Procedure Code Units line item for CMS-1500	46-18	N/A	65, 66, 67, 68
148	Revenue Center Charges 18	Signed numeric	1038	1045	8	Revenue Center Charges for UB-04; Procedure Code line item charges for CMS-1500; dollar amount only	47-18	N/A	60, 61, 62, 63
149	Revenue Center Code 19	Unsigned numeric	1046	1049	4	As specified for UB-04, not available for CMS-1500	42-19	N/A	56, 57
150	Revenue Center Units 19	Signed numeric	1050	1056	7	Revenue Center Units line item for UB-04; Procedure Code Units line item for CMS-1500	46-19	N/A	65, 66, 67, 68
151	Revenue Center Charges 19	Signed numeric	1057	1064	8	Revenue Center Charges for UB-04; Procedure Code line item charges for CMS-1500; dollar amount only	47-19	N/A	60, 61, 62, 63
152	Revenue Center Code 20	Unsigned numeric	1065	1068	4	As specified for UB-04, not available for CMS-1500	42-20	N/A	56, 57
153	Revenue Center Units 20	Signed numeric	1069	1075	7	Revenue Center Units line item for UB-04; Procedure Code Units line item for CMS-1500	46-20	N/A	65, 66, 67, 68
154	Revenue Center Charges 20	Signed numeric	1076	1083	8	Revenue Center Charges for UB-04; Procedure Code line item charges for CMS-1500; dollar amount only	47-20	N/A	60, 61, 62, 63
155	Revenue Center Code 21	Unsigned numeric	1084	1087	4	As specified for UB-04, not available for CMS-1500	42-21	N/A	56, 57
156	Revenue Center Units 21	Signed numeric	1088	1094	7	Revenue Center Units line item for UB-04; Procedure Code Units line item for CMS-1500	46-21	N/A	65, 66, 67, 68

Item Seq #	Data Element	Format	Position From	Position Through	Length	Instructions	UB-04 Form Locator	CMS-1500 Field Number	Edit Error Codes
157	Revenue Center Charges 21	Signed numeric	1095	1102	8	Revenue Center Charges for UB-04; Procedure Code line item charges for CMS-1500; dollar amount only	47-21	N/A	60, 61, 62, 63
158	Revenue Center Code 22	Unsigned numeric	1103	1106	4	As specified for UB-04, not available for CMS-1500	42-22	N/A	56, 57
159	Revenue Center Units 22	Signed numeric	1107	1113	7	Revenue Center Units line item for UB-04; Procedure Code Units line item for CMS-1500	46-22	N/A	65, 66, 67, 68
160	Revenue Center Charges 22	Signed numeric	1114	1121	8	Revenue Center Charges for UB-04; Procedure Code line item charges for CMS-1500; dollar amount only	47-22	N/A	60, 61, 62, 63
161	Total Charges	Signed numeric	1122	1129	8	Dollar amount only. For UB-04, total of all charges. For CMS-1500, report total charges here.	Column 47, line 23 totals	28	72, 74

Outpatient Data Edits

Hospital Medicare Provider Number

The medicare provider number (MPN) is a six-digit identifier for the health care facility. It may be either a CMS-issued medicare provider number or a VHI-issued identifier. The provider ID is a required field. Data will not be accepted without a provider ID. The provider ID must also be a valid medicare provider number or VHI-issued identifier or the data will not be accepted.

Hospital National Provider Identifier

The hospital NPI is the organizational national provider identifier (NPI) for the health care facility.

Code	Definition
28	Provider NPI is invalid.

Operating Physician Identifier

For the operating physician ID, the 10-digit national provider identifier (NPI) is required.

Code	Definition
92	Operating physician ID value is invalid.

Record Type

The record type indicates whether the data submitted is in the UB-04 or CMS-1500 format. If this value is missing, then the data will not be accepted.

Possible values are:

Value	Definition
1	UB-04
2	CMS-1500

Patient Control Number

The patient control number (PCN) is for use by a provider to facilitate retrieval of records by hospital. PCN is not a required field, but counts of blanks vs. values are collected. No edits are performed.

Medical Record Number

The medical record number (MRN) is used by the provider to facilitate retrieval of records by hospital. This is not a required field but counts of blanks vs. values are collected.

Patient Social Security Number

If there is a social security number (SSN) error and the patient is less than four years of age, then warning code 97 is issued. If there is an SSN error and the patient is a foreign citizen or resident based on a ZIP code value of "YYYYY", then warning code 99 is issued. Warning codes do not count against the accuracy rate of the data.

Code	Definition
46	SSN must be length 9.
47	SSN must be numeric.

-
- 83 SSN is a required field (if patient age > 3).
 - 86 Invalid SSN, first 8 entries are zero.
 - 87 Invalid SSN, all entries are the same including zeros.
 - 88 Invalid SSN, first 3 entries are 666 or are greater than 899.
 - 97 Warning: SSN optional for age < 4, submitted value invalid.
 - 99 Warning: SSN optional for Zip = YYYYYY; submitted value invalid.
 - 102 First three digits cannot equal 000.
 - 103 Digits four and five cannot equal 00.
 - 104 Digits six through nine cannot equal 0000.

Patient Sex

The sex of the patient. This field is included in form locator 11 of the UB-04 form and field 3 of the CMS-1500 form.

Code	Definition
69	Sex is a required field.
70	Sex must be M, F or U.

Possible values are:

Value	Definition
M	Male
F	Female

U Not recorded, unknown

Patient Date of Birth

Birth date of the patient. The format is MMDDYYYY.

Code	Definition
14	Birth date is a required field.
15	Birth date must be length 8.
16	Birth date must be numeric.
17	Birth date must be a legal date.
18	Birth date cannot be later than Admission date unless newborn within 3 days of admission.
19	Must be born in the 19th, 20th or 21st century.
96	Birth date indicates improbable age > 119 years.

Patient Street Address

The patient street address is a residential street number and street name which is included in form locator 9a in the UB-04 form or field 5 of the CMS-1500 form. Do not include PO box numbers.

Code	Definition
108	Patient street address is a required field.

Patient City or County

The patient city or county is a part of the patient's mailing address included in form locator 9b in the UB-04 form or field 5 of the CMS-1500 form.

Code	Definition
109	Patient city or county is a required field.

Patient ZIP Code

The ZIP code field is the residential ZIP code of the patient verified by use in the U.S. Postal Service ZIP code table. If the patient address is domestic but the ZIP code is unknown, use XXXXX. For foreign addresses lacking USPS ZIP codes, use YYYYYY.

Code	Definition
48	ZIP code must be at least length 5.
49	ZIP code must be numeric, XXXXX or YYYYYY.
50	Must be a valid ZIP code (FIPS).
84	ZIP code is a required field.

Patient Discharge Status

The patient discharge status indicates the disposition of the patient at the time of discharge from the health facility.

Code	Definition
-------------	-------------------

- 42 Patient status must be length 2.
- 43 Patient status value must be valid for discharge date range for UB-04.
- 81 Patient status is a required field for UB-04 data.

Discharge Date Range	Patient Discharge Status Allowable Values
Before 10/01/2003	01-08, 20, 50, 51, 61, 62, 63, 64, 71 & 72
10/01/2003 – 03/31/2004	01-08, 20, 43, 50, 51, 61, 62, 63 & 64
04/01/2004 – 09/30/2005	01-08, 20, 43, 50, 51, 61, 62, 63, 64 & 65
10/01/2005 – 12/31/2005	01-07, 20, 43, 50, 51, 61, 62, 63, 64 & 65
01/01/2006 – 09/30/2007	01-07, 20, 43, 50, 51, 61, 62, 63, 64, 65 & 66
10/01/2007 – 12/31/2007	01-07, 20, 43, 50, 51, 61-66 & 70
01/01/2008 – 09/30/2009	01-07, 20, 41-43, 50, 51, 61-66 & 70
10/01/2009 – 09/30/2013	01-07, 20, 21, 41-43, 50, 51, 61-66 & 70
Starting with 10/01/2013	01-07, 20, 21, 41-43, 50, 51, 61-66, 69, 70, & 81-95

Admission Date

The admission date is the date the patient was admitted for service. Format is MMDDYYYY.

Code	Definition
1	Admission date is a required field.
2	Admission date must be length 8.
3	Admission date must be numeric.
4	Admission date must be a legal date.

-
- 5 Admission date must not be more than three years before the start of the quarter.
 - 98 Admission date is outside the range for this quarter.

Admission Hour

The admission hour is formatted in military time (00-23). Use 99 if the admission hour is unknown.

Code	Definition
7	Admission hour must be a valid military hour 00-23, or 99.
77	Admission hour is a required field.

Payer Identifiers

The payer identification must be the name of the payer from which the provider might expect some payment. There can be up to three payers. Only the first payer field is checked for entry. Counts of blanks vs. values are displayed.

Patient Relationship to Insured

This value is a code indicating the relationship between the patient and the identified party which is insured, commonly referred to as the subscriber.

Code	Definition
44	Patient relationship value must be valid for discharge date range.
45	Patient relationship must be length 2.

Discharge Date Range	REL Allowable Values
Before 10/01/03	01-19
10/01/03 – 12/31/03	01-24, 29, 32, 33, 36, 39, 40, 41, 43, 53 & G8
01/01/04 – 12/31/07	01, 04, 05, 07, 10, 15, 17-24, 29, 32, 33, 36, 39-41, 43 & 53 & G8
Starting with 01/01/08	01, 18-21, 39, 40, 53 & G8

Employer Identifier

This field corresponds to UB-04 form locator 58 or CMS-1500 field 9b for the name of the employer that provides health care coverage for the insured subscriber. This field is checked for entry only. Only include the employer name of the subscriber corresponding to the primary payer. Counts of blanks vs. values are collected.

Employment Status Code

The insurance subscriber's employment status is not included in the UB-04 or CMS-1500 forms, but is a value collected by VHI. Only include the employment status of the subscriber corresponding to the primary payer.

Code Definition

26 Employment Status value must be between 1-6 or 9 for UB-04; 1-3 for CMS-1500.

Admitting Diagnosis Code

For the admitting diagnosis code, standard ICD-10-CM coding is required.

Code	Definition
12	Admitting diagnosis is invalid.
52	Admitting diagnosis is inappropriate for patient sex.
75	Admitting diagnosis is a required field for UB-04 data.
110	External cause of injury codes (V00-Y99) may not be used as admitting diagnosis.
114	Manifest diagnosis codes may not be used as admitting diagnosis.

Reason for Visit Codes

For reason for visit codes, standard ICD-10-CM coding is required. Up to three occurrences are allowed.

Code	Definition
51	Reason for visit diagnosis is invalid.
52	Reason for visit diagnosis is inappropriate for patient sex.
110	External cause of injury codes (V00-Y99) may not be used as admitting diagnosis.
114	Manifest diagnosis codes may not be used as reason for visit diagnosis.

Principal Diagnosis Code

For the principal diagnosis, standard ICD-10-CM coding is required.

Code	Definition
51	Principal diagnosis is invalid.
52	Diagnosis is inappropriate for patient sex.
53	Principal diagnosis is a required field.
111	External cause of injury codes (V00-Y99) may not be used as principal diagnosis.
115	Manifest diagnosis codes may not be used as principal diagnosis.

Other Diagnosis Codes

For other diagnosis codes, also referred to as secondary diagnosis codes, standard ICD-10-CM coding is required. Up to seventeen secondary diagnoses may be reported.

Code	Definition
51	Secondary diagnosis is invalid.
52	Secondary diagnosis is inappropriate for patient sex.
112	External cause of injury codes (V00-Y99) may not be used as secondary diagnosis codes.

External Cause of Injury Codes

External cause of injury codes may be included when appropriate. Up to three occurrences are allowed.

Code	Definition
94	Invalid diagnosis or does not start with an "E" (pre-Oct 1, 2015 discharges).

-
- | | |
|-----|---|
| 95 | Diagnosis started with an "E" but is inappropriate for the patient sex (pre-Oct 1, 2015 discharges). |
| 113 | Only external cause of injury codes (V00-Y99) may be reported in the external cause of injury fields. |

Procedure (CPT) Codes

The procedure codes are the CPT codes included in form locator 44 for UB-04 data or field 24 for CMS-1500 data. There can be up to six occurrences.

Code	Definition
34	Procedure or CPT code is inappropriate for patient sex.
35	Procedure or CPT code is invalid.

Procedure (CPT) Dates

The procedure date fields include dates in form locator 45 for UB-04 data and field 24 A for CMS-1500 data. The format is MMDDYYYY.

Code	Definition
36	Procedure date must be length 6.
37	Procedure date must be numeric.
38	Procedure date must be a valid date.
39	Procedure date cannot be before 2001.
41	Procedure date is required since a procedure is present.

Revenue Code

Revenue codes are listed in the UB-04 manual. A code of "0001" indicates the total charges and, if used, should be the last occurrence in a set of data. There can be up to 22 occurrences of revenue codes.

Code	Definition
56	Revenue code must be numeric.
57	Revenue code must be a valid VHI (UB-04) revenue code.
58	The first revenue code occurrence is a required field.

Revenue Code "0001" edits

These edits check for the existence of the "0001" value in one of the Revenue Code fields.

Code	Definition
89	Revenue code 0001 is required for UB-04 data (for data prior to Q2 2008).
90	Revenue code 0001 (if present) must equal the sum of all Revenue Charge fields +/- 500 for UB-04 data.

Revenue Units

Revenue units quantify the services rendered as coded by the revenue codes. There can be up to 22 occurrences.

Code	Definition
65	Units must be numeric.

-
- 66 Units must be zero since the corresponding revenue code is blank.
 - 67 Units must be greater than zero since the corresponding revenue code is present.
 - 68 The first revenue units field is a required field.

Revenue Charges

Revenue charges are charges associated with the units or service rendered. If the revenue code is "0001", this is the total of all charges. There can be up to 22 occurrences.

Code	Definition
-------------	-------------------

- | | |
|----|--|
| 60 | Charges must be numeric. |
| 61 | Charges must be zero since the corresponding revenue code is blank. |
| 62 | The first charge occurrence is a required field. |
| 63 | Charges must be greater than zero since corresponding revenue code is present. |

Total Charges

The total charges field should include the sum of all revenue charges included in a record.

Code	Definition
-------------	-------------------

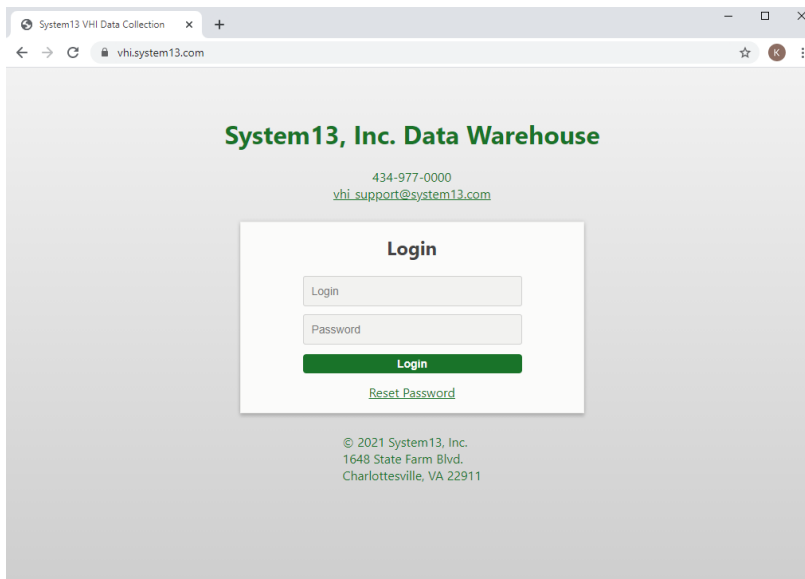
- | | |
|----|--------------------------------|
| 72 | Total charges must be numeric. |
| 74 | Total charges is required. |

Appendix A: Secure Submission Portal Instructions

Accessing the Site

Access the VHI secure submission portal by going to the following website:

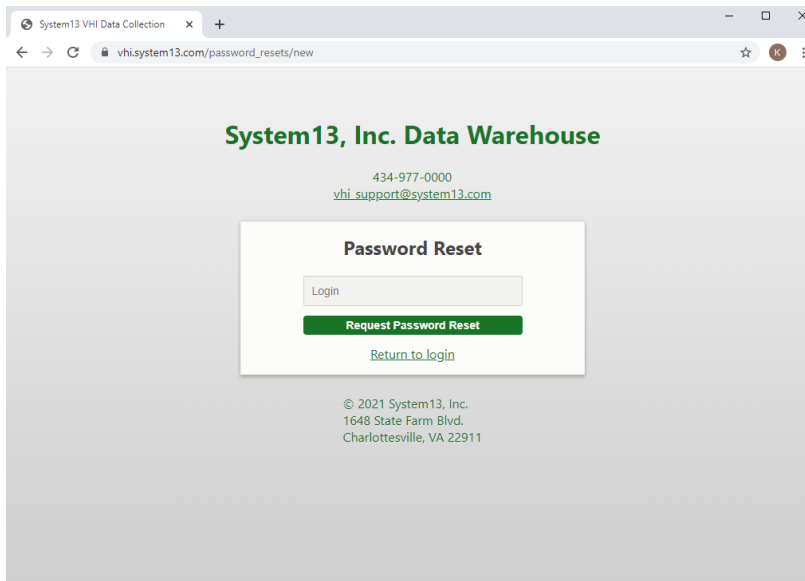
<https://vhi.system13.com>



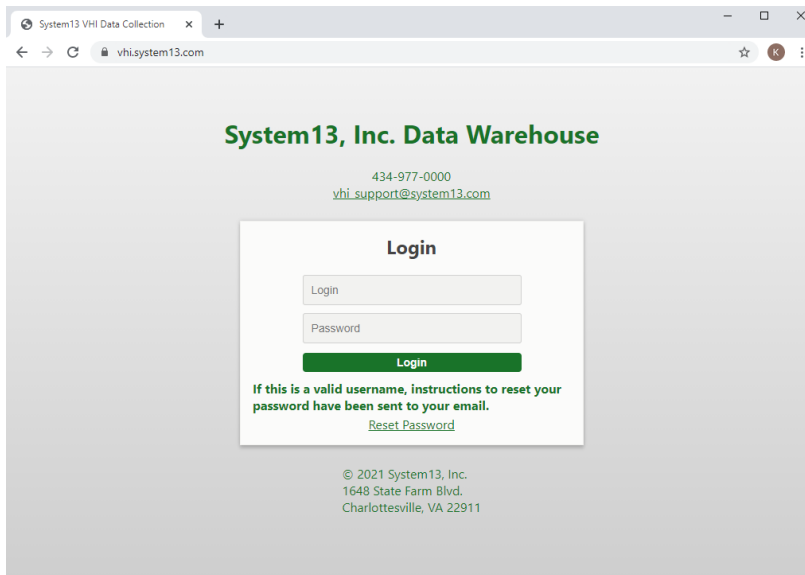
Enter your username and password.

Password Resets

If you have forgotten your password, or it is your first time logging in, click on the **Reset Password** link. You will see the following screen:



Enter your username and click on the **Request Password Reset** button. The following will display:



Check your email. There should be an email from the system with a link which will allow you to reset your password.

Main Menu

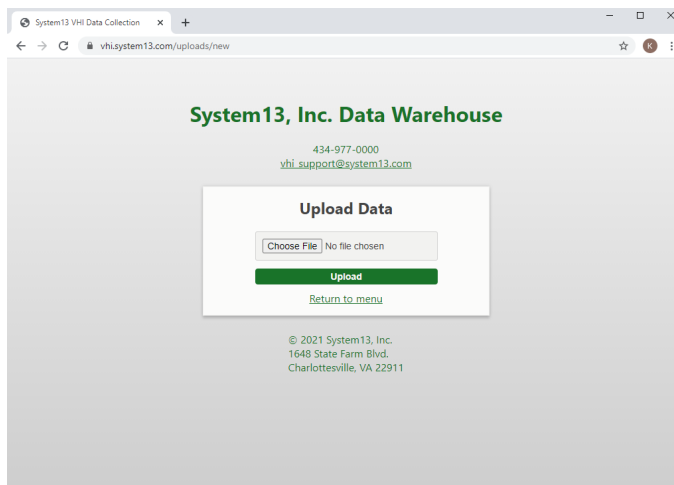
After logging onto the system, you will be presented with the Main Menu, as displayed below:



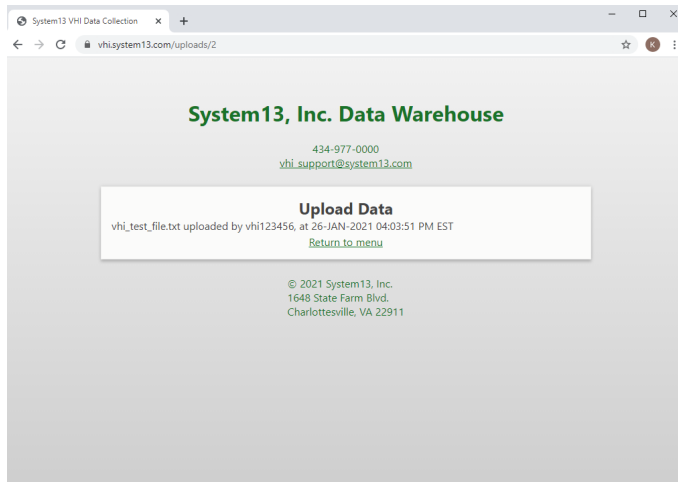
Uploading Data

After choosing the **Upload** link, you will browse for the file or files on your system, select the file and then click on the **Upload** button. You will be notified when the upload completes.

1. After clicking on the **Upload** link on the Main Menu, click on the **Choose File** button (or **BROWSE** button in Internet Explorer). Go to the folder in which you have stored your extraction files that you wish to send. Double click on the file name and it will fill in the file name area. If you have multiple files to upload, you must upload each file individually.



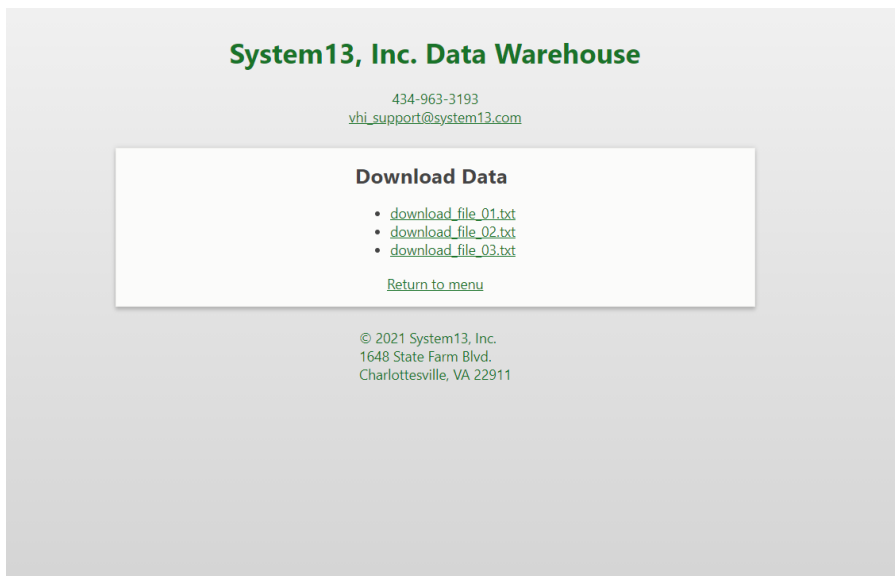
2. You are now ready to click on the Upload button. After doing that, and when the upload completes, the following screen will appear:



3. Click on the **Return to menu** link to return to the main menu. You may then log out.

Downloading Files

Reports are provided to assist you with correcting any errors that might be present on your quarterly data files. These reports are available on the Download page.



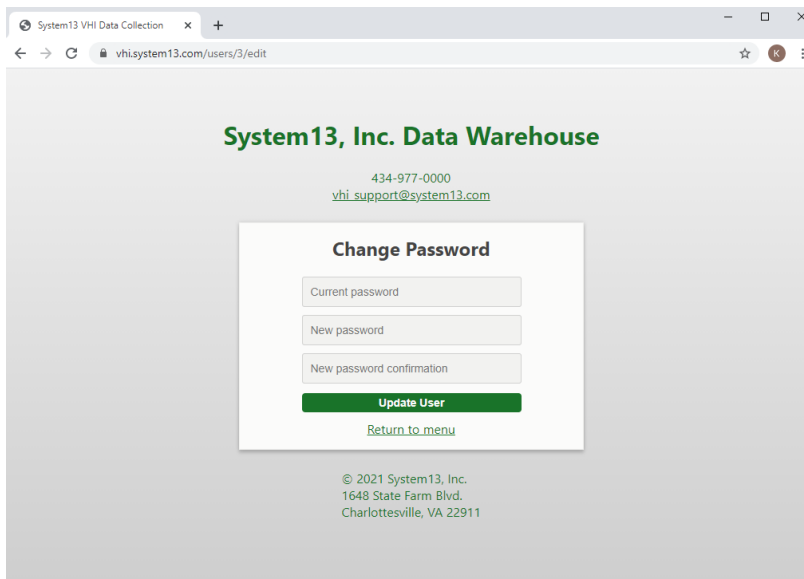
1. From the main menu, click on **Download** files.
2. If you have files available, they will be included in a list of links. To download a file, click on the link. Depending on your browser's settings, you will either be prompted to choose

the location to save the file on your computer, or the file will be automatically downloaded and saved to a predefined location.

3. Once you are finished downloading files, you can click on **Return to menu** to choose another menu option.

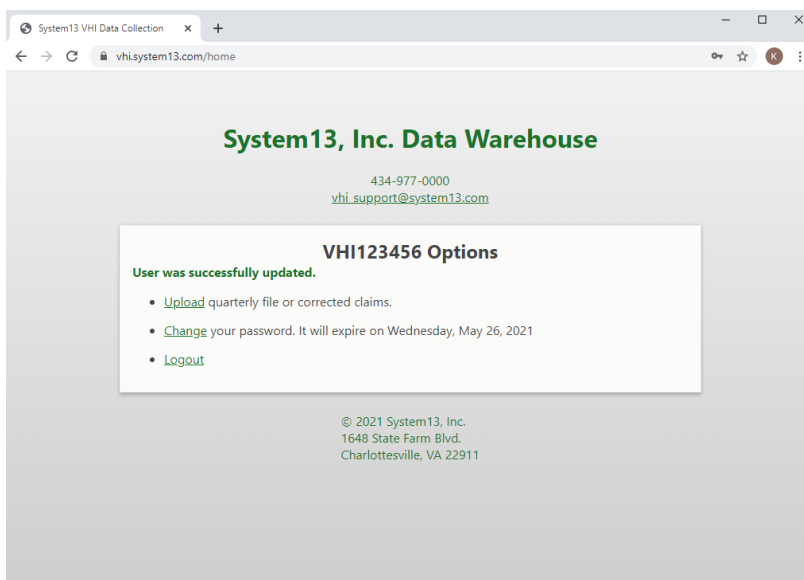
Changing Passwords

If you wish to change passwords, click on the **Change** your password link on the Main Menu. The following screen will appear. Enter your old password, your new password, and your new password again as confirmation. You will then receive a confirmation that your password has been updated.



The screenshot shows a web browser window with the URL `vhi.system13.com/users/3/edit`. The page header reads "System13, Inc. Data Warehouse" with contact information: "434-977-0000" and "vhi_support@system13.com". The main content is a "Change Password" form with three input fields: "Current password", "New password", and "New password confirmation". Below the fields is a green "Update User" button and a "Return to menu" link. The footer contains the copyright notice: "© 2021 System13, Inc. 1648 State Farm Blvd. Charlottesville, VA 22911".

This is a sample of the password update confirmation.



The screenshot shows a web browser window with the URL `vhi.system13.com/home`. The page header is identical to the previous screenshot. The main content is a confirmation message titled "VHI123456 Options" with the text "User was successfully updated." followed by a bulleted list of options: "Upload quarterly file or corrected claims.", "Change your password. It will expire on Wednesday, May 26, 2021", and "Logout". The footer is also identical to the previous screenshot.