

VIRGINIA HEALTH INFORMATION
 INPATIENT DATA RECORD LAYOUT
 Effective for Discharges on or after October 1, 2015
 Document updated December 15, 2015
 Use Display Format With No Packed Fields.

Item Seq #	Data Element	Format	Position From	Position Through	Instructions	UB-04 Form Locator
1	Provider Number (Medicare/VHI)	PIC X(6)	1	6	Medicare Provider Number or number assigned by VHI.	
2	Provider NPI	PIC X(10)	7	16	Provider's NPI	56
3	Patient Control Number	PIC X(20)	17	36	Patient Control Number on UB-04	3a
4	Discharge Date	PIC 9(8)	37	44	Discharge/Statement Covers Period Through Date in MMDDYYYY format	6
5	Patient Zip Code	PIC X(9)	45	53	Zip Code of Patient Address	9d
6	Patient Date of Birth	PIC 9(8)	54	61	Date in MMDDYYYY format	10
7	Patient Sex	PIC X(1)	62	62	M, F or U	11
8	Admission Date	PIC 9(8)	63	70	Date in MMDDYYYY format	12
9	Admission Hour	PIC 9(2)	71	72	Hour of admission in military time (00 - 23)	13
10	Admission Type	PIC X(1)	73	73	See UB-04 manual for valid codes.	14
11	Admission Source	PIC X(1)	74	74	Source of Referral for Admission or Point of Origin for Admission - See UB-04 manual for valid codes.	15
12	Patient Status	PIC 9(2)	75	76	Patient Discharge Status - See UB-04 manual for valid codes.	17
13	Medical Record Number	PIC X(17)	77	93	Medical Record Number on UB-04	3b
14	Revenue Center Code 1	PIC 9(4)	94	97	As specified for UB-04	42-1
15	Revenue Center Units 1	PIC S(7)	98	104	As specified for UB-04	46-1
16	Revenue Center Charges 1	PIC S(8) V99	105	114	Dollars and cents with an implied decimal	47-1
17	Revenue Center Code 2	PIC 9(4)	115	118	As specified for UB-04	42-2
18	Revenue Center Units 2	PIC S(7)	119	125	As specified for UB-04	46-2
19	Revenue Center Charges 2	PIC S(8) V99	126	135	Dollars and cents with an implied decimal	47-2
20	Revenue Center Code 3	PIC 9(4)	136	139	As specified for UB-04	42-3
21	Revenue Center Units 3	PIC S(7)	140	146	As specified for UB-04	46-3
22	Revenue Center Charges 3	PIC S(8) V99	147	156	Dollars and cents with an implied decimal	47-3
23	Revenue Center Code 4	PIC 9(4)	157	160	As specified for UB-04	42-4
24	Revenue Center Units 4	PIC S(7)	161	167	As specified for UB-04	46-4
25	Revenue Center Charges 4	PIC S(8) V99	168	177	Dollars and cents with an implied decimal	47-4
26	Revenue Center Code 5	PIC 9(4)	178	181	As specified for UB-04	42-5
27	Revenue Center Units 5	PIC S(7)	182	188	As specified for UB-04	46-5
28	Revenue Center Charges 5	PIC S(8) V99	189	198	Dollars and cents with an implied decimal	47-5
29	Revenue Center Code 6	PIC 9(4)	199	202	As specified for UB-04	42-6
30	Revenue Center Units 6	PIC S(7)	203	209	As specified for UB-04	46-6

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31	Revenue Center Charges 6	PIC S(8) V99	210	219	Dollars and cents with an implied decimal	47-6
32	Revenue Center Code 7	PIC 9(4)	220	223	As specified for UB-04	42-7
33	Revenue Center Units 7	PIC S(7)	224	230	As specified for UB-04	46-7
34	Revenue Center Charges 7	PIC S(8) V99	231	240	Dollars and cents with an implied decimal	47-7
35	Revenue Center Code 8	PIC 9(4)	241	244	As specified for UB-04	42-8
36	Revenue Center Units 8	PIC S(7)	245	251	As specified for UB-04	46-8
37	Revenue Center Charges 8	PIC S(8) V99	252	261	Dollars and cents with an implied decimal	47-8
38	Revenue Center Code 9	PIC 9(4)	262	265	As specified for UB-04	42-9
39	Revenue Center Units 9	PIC S(7)	266	272	As specified for UB-04	46-9
40	Revenue Center Charges 9	PIC S(8) V99	273	282	Dollars and cents with an implied decimal	47-9
41	Revenue Center Code 10	PIC 9(4)	283	286	As specified for UB-04	42-10
42	Revenue Center Units 10	PIC S(7)	287	293	As specified for UB-04	46-10
43	Revenue Center Charges 10	PIC S(8) V99	294	303	Dollars and cents with an implied decimal	47-10
44	Revenue Center Code 11	PIC 9(4)	304	307	As specified for UB-04	42-11
45	Revenue Center Units 11	PIC S(7)	308	314	As specified for UB-04	46-11
46	Revenue Center Charges 11	PIC S(8) V99	315	324	Dollars and cents with an implied decimal	47-11
47	Revenue Center Code 12	PIC 9(4)	325	328	As specified for UB-04	42-12
48	Revenue Center Units 12	PIC S(7)	329	335	As specified for UB-04	46-12
49	Revenue Center Charges 12	PIC S(8) V99	336	345	Dollars and cents with an implied decimal	47-12
50	Revenue Center Code 13	PIC 9(4)	346	349	As specified for UB-04	42-13
51	Revenue Center Units 13	PIC S(7)	350	356	As specified for UB-04	46-13
52	Revenue Center Charges 13	PIC S(8) V99	357	366	Dollars and cents with an implied decimal	47-13
53	Revenue Center Code 14	PIC 9(4)	367	370	As specified for UB-04	42-14
54	Revenue Center Units 14	PIC S(7)	371	377	As specified for UB-04	46-14
55	Revenue Center Charges 14	PIC S(8) V99	378	387	Dollars and cents with an implied decimal	47-14
56	Revenue Center Code 15	PIC 9(4)	388	391	As specified for UB-04	42-15
57	Revenue Center Units 15	PIC S(7)	392	398	As specified for UB-04	46-15
58	Revenue Center Charges 15	PIC S(8) V99	399	408	Dollars and cents with an implied decimal	47-15
59	Revenue Center Code 16	PIC 9(4)	409	412	As specified for UB-04	42-16
60	Revenue Center Units 16	PIC S(7)	413	419	As specified for UB-04	46-16
61	Revenue Center Charges 16	PIC S(8) V99	420	429	Dollars and cents with an implied decimal	47-16
62	Revenue Center Code 17	PIC 9(4)	430	433	As specified for UB-04	42-17

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63	Revenue Center Units 17	PIC S(7)	434	440	As specified for UB-04	46-17
64	Revenue Center Charges 17	PIC S(8) V99	441	450	Dollars and cents with an implied decimal	47-17
65	Revenue Center Code 18	PIC 9(4)	451	454	As specified for UB-04	42-18
66	Revenue Center Units 18	PIC S(7)	455	461	As specified for UB-04	46-18
67	Revenue Center Charges 18	PIC S(8) V99	462	471	Dollars and cents with an implied decimal	47-18
68	Revenue Center Code 19	PIC 9(4)	472	475	As specified for UB-04	42-19
69	Revenue Center Units 19	PIC S(7)	476	482	As specified for UB-04	46-19
70	Revenue Center Charges 19	PIC S(8) V99	483	492	Dollars and cents with an implied decimal	47-19
71	Revenue Center Code 20	PIC 9(4)	493	496	As specified for UB-04	42-20
72	Revenue Center Units 20	PIC S(7)	497	503	As specified for UB-04	46-20
73	Revenue Center Charges 20	PIC S(8) V99	504	513	Dollars and cents with an implied decimal	47-20
74	Revenue Center Code 21	PIC 9(4)	514	517	As specified for UB-04	42-21
75	Revenue Center Units 21	PIC S(7)	518	524	As specified for UB-04	46-21
76	Revenue Center Charges 21	PIC S(8) V99	525	534	Dollars and cents with an implied decimal	47-21
77	Revenue Center Code 22	PIC 9(4)	535	538	As specified for UB-04	42-22
78	Revenue Center Units 22	PIC S(7)	539	545	As specified for UB-04	46-22
79	Revenue Center Charges 22	PIC S(8) V99	546	555	Dollars and cents with an implied decimal	47-22
80	Total Charges	PIC S(8) V99	556	565	Dollars and cents with an implied decimal; if greater than \$999,999.99, then use 99999999	47-23
81	Payer Identifier A	PIC X(25)	566	590	Enter the Board of Health approved payer designation which will be the nationally assigned PAYERID, it's successor, or English description of the payer.	50 A per instructions
82	Payer Code A	PIC X(2)	591	592	For VHHA only	
83	Payer Identifier B	PIC X(25)	593	617	Enter the Board of Health approved payer designation which will be the nationally assigned PAYERID, it's successor, or English description of the payer.	50 B per instructions
84	Payer Code B	PIC X(2)	618	619	For VHHA only	
85	Payer Identifier C	PIC X(25)	620	644	Enter the Board of Health approved payer designation which will be the nationally assigned PAYERID, it's successor, or English description of the payer.	50 C per instructions
86	Payer Code C	Pic X(2)	645	646	For VHHA only	
87	Patient Relationship to Insured A	PIC X(2)	647	648	See UB-04 manual for valid codes.	59 A

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88	Patient Identifier (SSN)	PIC X(9)	649	657	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
89	Employment Status Code	PIC X(1)	658	658	1-Employed Full Time; 2-Employed Part Time; 3-Not Employed; 4-Self-employed; 5-Retired; 6-On Active Military Duty; 9-Unknown	
90	Employer Identifier	PIC X(24)	659	682	Enter the federally approved EIN, or employer name, whichever is adopted by the Board of Health.	65 A with name/codes noted in instructions
91	Principal Diagnosis Code	PIC X(8)	683	690	Codes set ICD-10 or their successors, omit decimal; eighth character is the Present On Admission value (Y, N, U, W or 1)	67
92	Other Diagnosis Code 1	PIC X(8)	691	698	Codes set ICD-10 or their successors, omit decimal; eighth character is the Present On Admission value (Y, N, U, W or 1)	67-A
93	Other Diagnosis Code 2	PIC X(8)	699	706	Codes set ICD-10 or their successors, omit decimal; eighth character is the Present On Admission value (Y, N, U, W or 1)	67-B
94	Other Diagnosis Code 3	PIC X(8)	707	714	Codes set ICD-10 or their successors, omit decimal; eighth character is the Present On Admission value (Y, N, U, W or 1)	67-C
95	Other Diagnosis Code 4	PIC X(8)	715	722	Codes set ICD-10 or their successors, omit decimal; eighth character is the Present On Admission value (Y, N, U, W or 1)	67-D
96	Other Diagnosis Code 5	PIC X(8)	723	730	Codes set ICD-10 or their successors, omit decimal; eighth character is the Present On Admission value (Y, N, U, W or 1)	67-E
97	Other Diagnosis Code 6	PIC X(8)	731	738	Codes set ICD-10 or their successors, omit decimal; eighth character is the Present On Admission value (Y, N, U, W or 1)	67-F
98	Other Diagnosis Code 7	PIC X(8)	739	746	Codes set ICD-10 or their successors, omit decimal; eighth character is the Present On Admission value (Y, N, U, W or 1)	67-G
99	Other Diagnosis Code 8	PIC X(8)	747	754	Codes set ICD-10 or their successors, omit decimal; eighth character is the Present On Admission value (Y, N, U, W or 1)	67-H
100	Other Diagnosis Code 9	PIC X(8)	755	762	Codes set ICD-10 or their successors, omit decimal; eighth character is the Present On Admission value (Y, N, U, W or 1)	67-I

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101	Other Diagnosis Code 10	PIC X(8)	763	770	Codes set ICD-10 or their successors, omit decimal; eighth character is the Present On Admission value (Y, N, U, W or 1)	67-J
102	Other Diagnosis Code 11	PIC X(8)	771	778	Codes set ICD-10 or their successors, omit decimal; eighth character is the Present On Admission value (Y, N, U, W or 1)	67-K
103	Other Diagnosis Code 12	PIC X(8)	779	786	Codes set ICD-10 or their successors, omit decimal; eighth character is the Present On Admission value (Y, N, U, W or 1)	67-L
104	Other Diagnosis Code 13	PIC X(8)	787	794	Codes set ICD-10 or their successors, omit decimal; eighth character is the Present On Admission value (Y, N, U, W or 1)	67-M
105	Other Diagnosis Code 14	PIC X(8)	795	802	Codes set ICD-10 or their successors, omit decimal; eighth character is the Present On Admission value (Y, N, U, W or 1)	67-N
106	Other Diagnosis Code 15	PIC X(8)	803	810	Codes set ICD-10 or their successors, omit decimal; eighth character is the Present On Admission value (Y, N, U, W or 1)	67-O
107	Other Diagnosis Code 16	PIC X(8)	811	818	Codes set ICD-10 or their successors, omit decimal; eighth character is the Present On Admission value (Y, N, U, W or 1)	67-P
108	Other Diagnosis Code 17	PIC X(8)	819	826	Codes set ICD-10 or their successors, omit decimal; eighth character is the Present On Admission value (Y, N, U, W or 1)	67-Q
109	Admitting Diagnosis Code	PIC X(7)	827	833	Codes set ICD-10 or their successors, omit decimal	69
110	External Cause of Injury/Morbidity (ECI) Code 1 (ECODE1)	PIC X(8)	834	841	Codes set ICD-10 or their successors, omit decimal; eighth character is the Present On Admission value (Y, N, U, W or 1)	72-a
111	External Cause of Injury/Morbidity (ECI) Code 2 (ECODE2)	PIC X(8)	842	849	Codes set ICD-10 or their successors, omit decimal; eighth character is the Present On Admission value (Y, N, U, W or 1)	72-b
112	External Cause of Injury/Morbidity (ECI) Code 3 (ECODE3)	PIC X(8)	850	857	Codes set ICD-10 or their successors, omit decimal; eighth character is the Present On Admission value (Y, N, U, W or 1)	72-c
113	Principal Procedure Code	PIC X(7)	858	864	Codes set ICD-10 or their successors, omit decimal	74
114	Principal Procedure Date	PIC 9(6)	865	870	Date in MMDDYY format	74
115	Other Procedure Code A	PIC X(7)	871	877	Codes set ICD-10 or their successors, omit decimal	74-a
116	Other Procedure Date A	PIC 9(6)	878	883	Date in MMDDYY format	74-a
117	Other Procedure Code B	PIC X(7)	884	890	Codes set ICD-10 or their successors, omit decimal	74-b
118	Other Procedure Date B	PIC 9(6)	891	896	Date in MMDDYY format	74-b
119	Other Procedure Code C	PIC X(7)	897	903	Codes set ICD-10 or their successors, omit decimal	74-c
120	Other Procedure Date C	PIC 9(6)	904	909	Date in MMDDYY format	74-c
121	Other Procedure Code D	PIC X(7)	910	916	Codes set ICD-10 or their successors, omit decimal	74-d

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122	Other Procedure Date D	PIC 9(6)	917	922	Date in MMDDYY format	74-d
123	Other Procedure Code E	PIC X(7)	923	929	Codes set ICD-10 or their successors, omit decimal	74-e
124	Other Procedure Date E	PIC 9(6)	930	935	Date in MMDDYY format	74-e
125	Attending Physician	PIC X(10)	936	945	Physician's Individual NPI	76
126	Operating Physician	PIC X(10)	946	955	Physician's Individual NPI	77
127	Other Physician/Provider 1	PIC X(10)	956	965	Physician's Individual NPI	78
128	Other Physician/Provider 2	PIC X(10)	966	975	Physician's Individual NPI	79
129	Infant Birth Weight (in grams).	PIC 9(4)	976	979	Required by VHI. Required for infants only.	39-42, Value Code 54
130	Patient Race	PIC 9(1)	980	980	Patient Race. Required by VHI. Use the following codes: 0 = White; 1 = Black; 2 = Other, specified; 3 = Asian; 4 = American Indian; 5 = Hispanic - White; 6 = Hispanic - Black; 9 = Unknown, not recorded	
131	Patient Street Address	Pic X(40)	981	1020	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
132	Patient City or County	Pic X(30)	1021	1050	Patient City or County is a required field. Enter the valid patient's complete City or County of residence.	9b

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VHI Inpatient Data Edits

Last Updated: December 15, 2015

MPN (HOSPITAL MEDICARE PROVIDER NUMBER)

- 27: Provider is a required field
- 29: Provider must be a valid VHI or Medicare Provider number

PROVNPI (HOSPITAL NPI)

- 28: Provider NPI is invalid

PCN (PATIENT CONTROL NUMBER: for use by provider to facilitate retrieval of records by hospital)

- Not a required field, but counts of blanks vs. values are displayed.
- No edit performed

DDATE (DISCHARGE DATE: date patient was discharged from the hospital; format is MMDDYYYY)

- 20: Discharge date cannot be before ADATE
- 21: Discharge date must be legal date
- 22: Discharge date is a required field
- 23: Discharge date must be length 8
- 24: Discharge date must be numeric
- 25: Discharge date must be in the quarter

PATADDR (PATIENT STREET ADDRESS: resident street number and street name. Do not include PO Box numbers)

- 108: Patient Street Address is a required field.

PATCITY (PATIENT CITY OR COUNTY: resident complete City or County)

- 109: Patient City or County is a required field.

ZIPCODE (PATIENT ZIP CODE: resident zip code of patient; verified by use of U.S. Postal Service zip code table; unknown is coded XXXXX; foreign is coded YYYYY)

- 48: Zip Code must be at least length 5
- 49: Zip Code must be numeric, XXXXX or YYYYY
- 50: Must be a valid Zip Code (FIPS)
- 84: Zip code is a required field

BDATE (BIRTH DATE: birth date of patient; format is MMDDYYYY)

- 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 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

SEX (SEX CODE: possible values are: M-male, F-female, U-not recorded, unknown)

- 69: Sex is a required field
- 70: Sex must be M, F or U

RACE (RACE CODE: possible values are: 0-white, 1-black, 2-other specified, 3-Asian, 4-American Indian, 5-Hispanic, 6-black Hispanic, 9-unknown or not recorded)

- 54: Race is a required field
- 55: Race must be between 0 and 6, or 9

ADATE (ADMISSION DATE: date patient was admitted for service; format is MMDDYYYY)

- 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 legal date
- 5: Admission date must not be more than three years before the start of the quarter
- 6: Admission date must be before Ddate

AHOUR (ADMISSION HOUR: hour of admission; use military time - 00 through 23 or 99)

- 7: Admission hour must be a valid Military Hour 00-23, or 99
- 77: Admission hour is a required field

ATYPE (ADMISSION TYPE: type of patient admission)

- 8: Valid Admission Atypes are 1,2,3,4,5,9
- 9: Admission Source not valid for discharge date range when Atype = 4
- 11: If Atype = 4, then Bdate must be within 3 days of Adate
- 78: Admission Type is a required field

Discharge Date Range	ASOURCE Allowable Values When ATYPE = 4
Before 10/01/07	1-4, 9
10/01/07 – 12/31/07	1,2,3,4,5,6,9
Starting with 01/01/08	5, 6

ASOURCE (Source of Referral for Admission or Visit OR Point of Origin for Admission or Visit: source of patient admission OR point of origin; see UB-04 definitions for differences between Source of Admission (pre Oct 1, 2007) and Source of Referral (post Oct 1, 2007), and also for newborn codes)

- 71: Admission Source must be valid for discharge date range
- 85: Admission Source is a required field

Discharge Date Range	ASOURCE Allowable Values
Before 10/01/07	1-9, A, B, C, D
10/01/07-12/31/07	1- 9, A, B, C, D, E, F
01/01/08-06/30/10	1, 2, 4 – 9, B, C, D, E, F
Starting with 07/01/10	1, 2, 4, 5, 6, 8, 9, D, E, F

PSTAT (PATIENT STATUS: discharge status of patient)

- 42: Patient Status must be length 2
- 43: Patient Status value must be valid for discharge date range
- 81: Patient Status is a required field

Discharge Date Range	PSTAT Allowable Values
Before 10/01/03	01-08, 20, 50, 51, 61, 62, 63, 64, 71 & 72
10/01/03 – 03/31/04	01-08, 20, 43, 50, 51, 61, 62, 63 & 64
04/01/04 – 09/30/05	01-08, 20, 43, 50, 51, 61, 62, 63, 64 & 65
10/01/05 – 12/31/05	01-07, 20, 43, 50, 51, 61, 62, 63, 64 & 65
01/01/06 – 09/30/07	01-07, 20, 43, 50, 51, 61, 62, 63, 64, 65 & 66
10/01/07 – 12/31/07	01-07, 20, 43, 50, 51, 61-66 & 70
01/01/08 – 09/30/09	01-07, 20, 41-43, 50, 51, 61-66 & 70
10/01/09 – 09/30/13	01-07, 20, 21, 41-43, 50, 51, 61-66 & 70
Starting with 10/01/13	01-07, 20, 21, 41-43, 50, 51, 61-66, 69, 70, & 81-95

MRN (MEDICAL RECORD NUMBER: for use by provider to facilitate retrieval of records by hospital)

Not a required field but counts of blanks vs. values are displayed.

REL (PATIENT RELATIONSHIP TO INSURED: relationship to named insured party)

- 44: Patient Relationship value must be valid for discharge date range
- 45: Patient Rel must be length 2
- 82: Patient Rel is a required field for discharges before July 1, 2009

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

SSN (PATIENT SOCIAL SECURITY NUMBER: social security number of patient)

- ** If there is an SSN error and the patient is < 4, then the error is 97 – Warning. If there is an SSN error and the patient is a foreigner (ZIP = “YYYYYY”), then the error is 99 – Warning
- 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: Error 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

EMPSTAT (EMPLOYMENT STATUS CODE: code for employment status of patient)

- 26: Emp Stat value must be between 1-6 or 9
- 80: Employment Status is a required field for discharges before July 1, 2008

EMPNAME (EMPLOYER NAME: name of employer)

Enter name of employer; field checked for entry only. Counts of blanks vs. values are displayed.

DX1 (DIAGNOSIS CODE: standard ICD-CM coding required)

- 51: Invalid Diagnosis
- 52: Diagnosis is inappropriate for patient sex
- 53: DX1 is a required field
- 111: Ecodes (V00-Y99) may not be used as DX1
- 115: Manifest diagnosis codes may not be used as DX1

DX2-18 (DIAGNOSIS CODE: standard ICD-CM coding required; up to seventeen secondary diagnoses may be reported)

- 51: Invalid Diagnosis
- 52: Diagnosis is inappropriate for patient sex
- 112: Ecodes (V00-Y99) may not be used as Other Diagnosis codes

ADMDX (ADMITTING DIAGNOSIS CODE: diagnosis at admission time; standard ICD-CM code)

- 12: Invalid Admitting Diagnosis
 - 52: Diagnosis is inappropriate for patient sex
 - 75: Admitting Diagnosis is a required field
 - 110: Ecodes(V00-Y99) may not be used as Admitting Diagnosis
 - 114: Manifest diagnosis codes may not be used as Admitting Diagnosis
-

E-CODE (EXTERNAL CAUSE OF INJURY CODE: code indicating source of injury; required where appropriate)

- 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 Ecodes (V00-Y99) may be reported in the Ecode fields
-

POA (PRESENT ON ADMISSION CODE: code indicating if the associated diagnosis code was present on admission)

- 107: Invalid POA value. Must be Y, N, U, W or 1 for each non-blank diagnosis code.
-

PX1-6 (PROCEDURE CODES: principal procedure code is first in procedure code set; other procedure codes are remaining; maximum is five other procedures)

- 34: Procedure is inappropriate for patient sex
 - 35: Invalid Procedure
-

PD1-6 (PROCEDURE DATES: dates of principal procedures and up to five other procedures performed; format is MMDDYY)

- 36: Procedure Date must be length 6
 - 37: Procedure Date must be numeric
 - 38: Procedure Date must be a valid date
 - 40: Proc. Date must be between 3 days before ADATE & 3 days after DDATE
 - 41: Procedure Date is required since a procedure is present
-

APHY (ATTENDING PHYSICIAN ID: identifier of attending physician; contains the NPI (10 numeric digits)).

79: Attending Physician is a required field

92: Attending Physician value is invalid

OPHY (Operating Physician ID: identifier of operating physician; contains the NPI (10 numeric digits) of physician performing principal procedure).

** This edit is only executed when PX1 has a value

76: Operating Physician ID required when Procedure performed

93: Operating Physician ID value is invalid

OTHPHY1 and **OTHPHY2** (Other Physicians ID: identifier of other physicians; contains the NPI (10 numeric digits) of other physicians performing services).

106: Other Physician ID value is invalid

INFBWT (INFANT BIRTH WEIGHT: birth weight in grams for newborns)

** This edit is only executed if Admtype is 4

30: Birthweight must be numeric

91: Infant Birth Weight is required if DX1 is between V30-V39

PID(1-3) (PAYER IDENTIFICATION: name identifying each payer name from which the provider might expect some payment; occurs three times)

Enter name of payer; the field is checked for entry only. Counts of blanks vs. values are displayed.

REVCODE (1-22) (REVENUE CODE: codes are listed in state UB-04 manual; a code of "0001" indicates the total charges and, if used, should be the last occurrence in a set of data; up to 22 occurrences)

- 56: Revcode must be numeric
- 57: Revcode must be a valid VHI (UB-04) Revenue Code
- 58: The first Revcode occurrence is a required field

UNITS (1-22) (REVENUE UNITS: quantifies the services rendered as coded by the revenue code; up to 22 occurrences)

- 64: Units required since corresponding Revcode is present
- 65: Units must be numeric
- 66: Units must be zero since corresponding Revcode is blank
- 68: Units 1 is a required field

REVENUE CHARGES (1-22) (REVENUE CHARGES: charges associated with the units or service rendered; if revenue code is "0001", this is the total of all charges; up to 22 occurrences)

- 60: Charges must be numeric
- 61: Charges must be zero since corresponding Revcode is blank

RCODE "0001" edit (Note, this is NOT a field. This edit checks for the existence of the "0001" value in one of the Revenue Code fields)

- 89: Rcode 0001 is required (for data prior to Q2 2008)
- 90: Rcode 0001 (if present) must equal the sum of all Revenue Charge fields +/- 500

TOTAL CHARGES (these edits were re-implemented beginning with Q2 2008 data)

72: Total Charges must be numeric.

73: Total Charges must equal the sum of all Revenue Charge fields +/- 500.

74: Total Charges is required.

See current UB-04 manual for periodic updates