

90-590 MAINE HEALTH DATA ORGANIZATION

Chapter 241: UNIFORM REPORTING SYSTEM FOR HOSPITAL INPATIENT DATA SETS AND HOSPITAL OUTPATIENT DATA SETS

SUMMARY: This Chapter contains the provisions for filing hospital inpatient data sets and hospital outpatient service data sets.

The provisions include:

Identification of the organizations required to report;

Establishment of requirements for the content, form, medium, and time for filing hospital inpatient data and hospital outpatient service data;

Establishment of standards for the data reported; and

Compliance provisions.

1. Definitions.

Unless the context indicates otherwise, the following words and phrases shall have the following meanings:

A. **Designee.** "Designee" means an entity with which the MHDO has entered into an arrangement under which the entity performs data collection, validation and management functions for the MHDO and is strictly prohibited from releasing information obtained in such a capacity if the information is not authorized for release by the MHDO.

B. **Carrier.** "Carrier" means an insurance company licensed in accordance with 24-A M.R.S.A., including a health maintenance organization, a multiple employer welfare arrangement licensed pursuant to Title 24-A, chapter 81, a preferred provider organization, a fraternal benefit society, or a nonprofit hospital or medical service organization or health plan licensed pursuant to 24 M.R.S.A.. An employer exempted from the applicability of 24-A M.R.S.A., chapter 56-A under the federal Employee Retirement Income Security Act of 1974, 29 United States Code, Sections 1001 to 1461 (1988) is not considered a carrier.

C. **E-codes.** "E-codes" in ICD-9 terminology means the supplementary classification of external causes of injury and poisoning.

D. **External Causes Codes.** "External causes codes" in ICD-10 are codes designed to provide data for injury research and evaluation of injury prevention strategies. These codes capture how the injury or health condition occurred

(cause), the intent (unintentional or accidental; or intentional, such as suicide or assault), the place where the event occurred, the activity of the patient at the time of the event and the person's status (e.g. civilian, military).

E. Hospital. "Hospital" means any acute care institution required to be licensed pursuant to 22 M.R.S.A., chapter 405.

F. Hospital Inpatient Data. "Hospital inpatient data" pertains to the information generated at the time of discharge which is associated with patients who are provided with room, board, and continuous nursing service based on a physician's written order in an area of the hospital where patients generally stay more than twenty-four hours.

G. Hospital Outpatient Data. "Hospital outpatient data" pertains to information which is associated with patients who receive services in a formally organized ambulatory department, clinic, provider-based practice considered a department of the hospital, and/or other departments of a hospital when those patients are not considered to be inpatients.

H. MHDO. "MHDO" means the Maine Health Data Organization.

I. M.R.S.A. "M.R.S.A." means Maine Revised Statutes Annotated.

J. NAIC. "NAIC" means National Association of Insurance Commissioners.

K. Third-party Administrator. "Third-party administrator" means any person licensed by the Maine Bureau of Insurance under 24-A M.R.S.A., chapter 18 who, on behalf of a plan sponsor, health care service plan, nonprofit hospital or medical service organization, health maintenance organization or insurer, receives or collects charges, contributions or premiums for, or adjusts or settles claims on residents of this State.

2. Hospital Inpatient and Outpatient Service Data Sets Filing Description.

Each hospital shall file with the MHDO or its designee a completed hospital inpatient data set and a completed hospital outpatient data set for every service provided to each patient.

A. General Requirements.

(1) Codes.

(a) Code Sources. The code sources listed and described in Appendix A are to be utilized with the inpatient and outpatient data file submissions.

(b) Payer Identification Number. The payer identification number shall be populated using four hierarchical payer code sets provided by the MHDO through ~~its designated DataBay Check editor software~~. As incorporated in the editor, the Maine Hospital Database Payer Codes set delineates the overall structure and is to be used initially when applicable. Recurrent commercial carriers and third-party administrators shall be identified using the additional code sets in the following order: 1. Hospital Electronic Billing Payer Codes; 2. NAIC Codes; 3. MHDO Individual Payer Codes.

(c) Specific and Unique Coding. With the exception of payer identification codes and provider number, specific or unique coding systems shall not be permitted as part of the inpatient and outpatient data submissions.

(d) E-codes or External Cause Codes. An E-code or External Cause Codes shall be assigned for all initial treatments of an injury, poisoning, or adverse effect of drugs. If a patient is transferred to another facility for continued treatment, this facility shall also assign the appropriate E-code or External Cause Code.

(2) Definitions for Required Data Elements. Unless otherwise specified, the definitions for the required data elements described in Appendix B-1 and Appendix C-1 are the same as those provided in the most current National Uniform Billing Data Element Specifications as developed by the National Uniform Billing Committee and approved by the State of Maine Uniform Billing Committee.

(3) Outpatient Data Filing. Outpatient data filing for each department of the hospital not located in the municipality of the primary hospital must be filed in one of the following ways:

(a.) by submitting a separate file using a unique facility identification number assigned by MHDO; or

(b.) by incorporating the data in the outpatient file and associating it with a unique location code, facility name, type, and physical location (see Appendix C-1 Record Type 40 for specific reporting requirements.)

(4) Adjustment Charges. Adjustment charges are not to be reported in the outpatient data set. The adjustment charges are reconciled to the individual line item for which the adjustment applies.

B. Detailed File Specifications.

(1) Filled Fields. All fields shall be filled where applicable. Non-applicable ~~alphanumeric~~text fields shall be space filled. Non-applicable numeric fields shall be zero filled and shall not include decimal points.

(2) Position. All ~~alphanumeric~~text fields are to be left justified. All numeric fields are to be right justified.

(3) Signed Fields. ~~Only positive signed fields are accepted. When signed fields are reported the sign is embedded in the last digit. Positive values are assumed and need not be indicated as such. Negative values must be indicated with a minus sign and must appear in the left-most position of all numeric fields. Over-punched signed integers or decimals are not to be utilized.~~

(4) Individual Elements and Mapping. Individual data elements, data types, field lengths, and mapping locators (UB-04, HCFACMS 1500, ANSI X12N 837) for each file type are presented in the following appendices:

- (a) (i) Inpatient Data Specifications - Appendix B-1
- (ii) Inpatient Data Mapping to National Standards Formats - Appendix B-2
- (b) (i) Outpatient Data Specifications - Appendix C-1
- (ii) Outpatient Data Mapping to National Standards Formats - Appendix C-2

3. Submission Requirements.

A. File Format. The inpatient file and the outpatient file(s) are to be submitted to the MHDO or its designee as separate ASCII files with fixed length records of ~~192 characters~~. Each record shall be terminated with a carriage return line feed (ASCII 13, ASCII 10).

B. Filing Medium. Data files shall be submitted via electronic transmission using the File Transfer Protocol. E-mail attachments shall not be accepted.

C. File Editing. All data files must be processed through the MHDO designee's system~~DataBay Check editor provided by MHDO~~. The eCorrections must be applied to the data files before the data are transmitted~~submitted~~.

D. Filing Specifications. Each hospital shall file all applicable data sets to the MHDO in accordance with the electronic specifications for submission of ~~UB-04~~ claims to Maine's designated Medicare intermediary.

E. Filing Periods. Each inpatient discharge record must be filed no later than 90 days following the calendar quarter in which the discharge occurred. Each outpatient service record must be filed no later than 90 days following the calendar quarter in which the service occurred.

F. Replacement of Data Files. No hospital may amend its data submission more than one year after the end of the quarter in which the discharge or outpatient service occurred unless it can be established by the hospital that exceptional circumstances occurred. Any resubmission of data after the elapse of the one year period must be approved by the MHDO ~~Board~~.

G. Rejection of Files. Failure to conform to the requirements of subsections A, B, C or D of this section shall result in the rejection of the data file(s). Rejected files must be resubmitted in the appropriate corrected form to the MHDO within 15 days of notification.

4. Standards for Data; Notification; Response.

A. Standards. The MHDO shall evaluate each inpatient file and each outpatient file submission in accordance with the following standards:

- (1) The code for each data element identified in Appendices B-1 and C-1 shall be included within eligible values for the field;
- (2) Coding values indicating "data not available" "data unknown" or the equivalent shall not be used for individual data elements unless specified as an eligible value for the field;
- (3) Outpatient data sets shall have Current Procedural Terminology (CPT) Codes and Health Care Common Procedural Coding System (HCPCS) codes reported for specific revenue centers. The list of revenue centers requiring CPT and HCPCS codes shall be provided ~~by~~ via the MHDO's designee ~~through the DataBay Check editor~~; and
- (4) CPT and HCPCS codes shall be assigned to the correct revenue centers.

B. Notification. Upon completion of the evaluation, the MHDO or its designee shall promptly notify each hospital whose data sets do not satisfy the standards for any filing period. This notification shall identify the specific file and the data fields and elements that do not satisfy the standards.

C. Response. Each hospital notified under Subsection B shall respond within 32 days of the notification by making the required changes and resubmitting, if necessary, to satisfy the standards.

5. Public Access.

Information collected, processed and/or analyzed under this rule shall be subject to release to the public or retained as confidential information in accordance with 22 M.R.S.A. Sec. 8707 and Code of Maine Rules 90-590, Chapter 120: Release of Information to the Public, unless prohibited by state or federal law.

6. Extension or Waiver to Data Submission Requirements.

If a hospital, due to circumstances beyond its control, is temporarily unable to meet the terms and conditions of this Chapter, a written request must be made to the Compliance Officer of the MHDO as soon as it is practicable after the hospital has determined that an extension or waiver is required. The written request shall include: the specific requirement to be extended or waived; an explanation of the cause; the methodology proposed to eliminate the necessity of the extension or waiver; and the time frame required to come into compliance. If the Compliance Officer does not approve the requested extension or waiver, the hospital making the request may submit a written request appealing the decision to the MHDO Board. The appeal shall be heard by the MHDO Board at the next regularly scheduled meeting following receipt of the request at the MHDO.

7. Compliance.

Except as specified below, the failure to file, report, or correct in accordance with the provisions of this Chapter may be considered a violation under 22 M.R.S.A. Sec. 8705-A and Code of Maine Rules 90-590, Chapter 100: Enforcement Procedures.

A hospital that files inpatient data or outpatient data which do not satisfy the standards under subsection 4 (A) shall not be considered in violation of this Chapter if the following circumstances apply:

- A. The number of inpatient data records or outpatient data records required to be filed by the hospital that fail to meet the standards under subsection 4 (A) for the filing period does not exceed one percent (1%); and
- B. The hospital complies with subsection 4 (C).

C. The hospital has received an extension or waiver under the requirements of section 6.

8. Central Registry for Health Professional Codes.

Whenever a new physician or other health professional is granted staff privileges at a hospital, the hospital shall submit to the MHDO or its designee the physician's or other health professional's name, birth date, specialty and National Provider Identifier (NPI).

AUTHORITY: 22 M.R.S.A., Sections 8704 (4) and 8708.

EFFECTIVE DATE: May 2, 1990

AMENDED: May 14, 1991
February 10, 1993
July 6, 1994
April 19, 1995
July 1, 1999
February 28, 2006
March 18, 2007
April 15, 2009
February 7, 2010
May 21, 2011
November 26, 2013

Appendix A
Maine Health Data Organization
Source Codes
(with references to specific MHDO data elements by file type)

National Uniform Billing Data Element Specifications as Developed by the National Uniform Billing Committee (NUBC)
(All MHDO Data Elements except for the following: Diagnosis Codes, Procedure Codes, Payer Identification Number, Social Security Number, HCPCS Procedure Codes, HCPCS Procedure Modifiers, Race/Ethnicity, Present on Admission Indicator, Filler)

SOURCE: National Uniform Billing Committee

AVAILABLE FROM:
National Uniform Billing Committee
American Hospital Association
~~840 Lake Shore~~155 N Wacker Drive
Chicago, IL 6060697

ABSTRACT: A listing of all UB04 data elements, definitions, explanations and codes. This serves as the official source of information for institutional health care billing. It contains all billing conventions and codes, including form locators, data element descriptions, definitions, reporting requirements, field attributes, approval and effective dates, and revenue, condition, occurrence, and value codes.

Current Procedural Terminology (CPT) Codes
(MHDO Data Elements: OP6105, OP6106, OP6107, OP6112, OP6113, OP6114, OP6119, OP6120, OP6121)

SOURCE: Physicians' Current Procedural Terminology (CPT) Manual

AVAILABLE FROM:
Order Department
American Medical Association
515 North State Street
Chicago, IL 6065440

ABSTRACT: A listing of descriptive terms and identifying codes for reporting medical services and procedures performed by physicians in an outpatient setting.

Health Care Common Procedural Coding System
(MHDO Data Elements: OP6105, OP6106, OP6107, OP6112, OP6113, OP6114, OP6119, OP6120, OP6121)

SOURCE: Health Care Common Procedural Coding System

AVAILABLE FROM:
www.cms.gov/medicare/hcpcs.htm HCPCSReleaseCodeSets/

Appendix A
Maine Health Data Organization
Source Codes
(with references to specific MHDO data elements by file type)

Centers for Medicare and Medicaid Services
Center for Health Plans and Providers
CCPP/DCPC
C5-08-27
7500 Security Boulevard
Baltimore, MD 21244-1850

ABSTRACT: HCPCS is the Centers for Medicare and Medicaid Services (CMS) coding scheme to group procedures performed for payment to providers.

International Classification of Diseases Clinical Modification (ICD-9-CM)

(MHDO Data Elements: IP7004, IP7005, IP7006, IP7007, IP7008, IP7009, IP7010, IP7011, IP7012, IP7013, IP7014, IP7015, IP7016, IP7017, IP7018, IP7019, IP7020, IP7021, IP7023, IP7025, IP7027, IP7029, IP7031, IP7033, IP7034, OP7005, OP7006, OP7007, OP7008, OP7009, OP7010, OP7011, OP7012, OP7013, OP7015, OP7017, OP7019, OP7021, OP7023, OP7025, OP7026)

SOURCE: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)

AVAILABLE FROM:

~~U.S. National Center for Health Statistics <http://www.cdc.gov/nchs/icd/icd9cm.htm>~~
~~Commission of Professional and Hospital Activities [WHO Publications Center AUS](#)~~
~~1968 Green Road~~
~~49 Sheridan Avenue~~
~~Ann Arbor, MI 48105~~ Albany, NY 12210

ABSTRACT: The International Classification of Diseases, 9th Revision, Clinical Modification, describes the classification of morbidity and mortality information for statistical purposes and for the indexing of hospital records by disease and operations.

International Classification of Diseases Clinical Modification (ICD-10-CM)

(MHDO Data Elements: IP7104, IP7106 IP7110, IP7204, IP7206, IP7208, IP7210, IP7212, IP7214, IP7216, IP7218, IP7304, IP7306, IP7308, IP7310, IP7312, IP7314, IP7316, IP7318, IP7320, IP7322, IP7324, IP7326, IP7404, IP7406, IP7408, IP7410, IP7412, IP7414, IP7416, IP7418, IP7420, IP7422, IP7424, IP7426, OP7104, OP7107, OP7108, OP7109, OP7110, OP7204, OP7206, OP7208, OP7210, OP7212, OP7214, OP7216, OP7218, OP7304, OP7306, OP7308, OP7310, OP7312, OP7314, OP7316, OP7318, OP7320, OP7322, OP7324, OP7326, OP7404, OP7406, OP7408, OP7410, OP7412, OP7414, OP7416, OP7418, OP7420, OP7422, OP7424, OP7426)

SOURCE: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)

Appendix A
Maine Health Data Organization
Source Codes
(with references to specific MHDO data elements by file type)

AVAILABLE FROM:

~~U.S. National Center for Health Statistics www.cdc.gov/nchs/icd/icd10cm.htm#9update~~
~~Commission of Professional and Hospital Activities [WHO Publications Center AUS](#)~~
~~1968 Green Road~~
~~49 Sheridan Avenue~~
~~Ann Arbor, MI 48105~~ ~~[Albany, NY 12210](#)~~

~~ABSTRACT: The International Classification of Diseases, 10th Revision, Clinical Modification, describes the classification of morbidity and mortality information for statistical purposes and for the indexing of hospital records by disease and operations. The International Classification of Diseases, 10th Revision, is used to report medical diagnosis and inpatient procedures. ICD-10-CM is for use in all U.S. health care settings. Diagnosis coding under ICD-10-CM uses 3 to 7 digits instead of the 3 to 5 digits used with ICD-9-CM, but the format of the code sets is similar. ICD-10-PCS is for use in U.S. inpatient hospital settings only. ICD-10PCS uses 7 alphanumeric digits instead of the 3 or 4 numeric digits used under ICD-9-CM procedure coding. Coding under ICD-10-PCS is much more specific and substantially different from ICD-9-CM procedure coding. The transition to ICD-10 is occurring because ICD-9 produces limited data about patients' medical conditions and hospital inpatient procedures. ICD-9 is 30 years old, has outdated terms, and is inconsistent with current medical practice. Also, the structure of ICD-9 limits the number of new codes that can be created, and many ICD-9 categories are full.~~

National Association of Insurance Commissioners (NAIC) Code
(MHDO Data Elements: IP3004, OP3004)

SOURCE: National Association of Insurance Commissioners Company Code List Manual

AVAILABLE FROM:

National Association of Insurance Commission Publications Department
~~12th Street, Suite 1100~~ ~~Walnut Street, Suite 1500~~
Kansas City, MO 64106 ~~5-49252197~~

ABSTRACT: Codes that uniquely identify each insurance company.

States and Outlying Areas and Zip Codes of the U.S.
(MHDO Data Elements: IP0106, IP2009, OP0106, OP2009, IP0107, IP2010, OP0107, OP2010)

SOURCE: National Zip Code and Post Office Directory
The USPS Domestic Mail Manual

AVAILABLE FROM:

Appendix A
Maine Health Data Organization
Source Codes
(with references to specific MHDO data elements by file type)

U.S. Postal Service
National Information Data Center
P.O. Box 2977
Washington, DC 20013

ABSTRACT: Provides names, abbreviations, and codes for the 50 states, the District of Columbia, and the outlying areas of the U.S. The entities listed are considered to be the first order divisions of the U.S. Microfiche AVAILABLE FROM: NTIS (same as address above). The Canadian Post Office lists the following as "official" codes for Canadian Provinces:

AB - Alberta
BC - British Columbia
MB - Manitoba
NB - New Brunswick
NF - Newfoundland
NS - Nova Scotia
NT - North West Territories
ON - Ontario
PE - Prince Edward Island
PQ - Quebec
SK - Saskatchewan
YT – Yukon

The ZIP Code is a geographic identifier of areas within the United States and its territories for purposes of expediting mail distribution by the U.S. Postal Service. It is five or nine numeric digits. The ZIP Code structure divides the U.S. into ten large groups of states. The leftmost digit identifies one of these groups. The next two digits identify a smaller geographic area within the large group. The two right-most digits identify a local delivery area. In the nine digit ZIP Code, the four digits that follow the hyphen further subdivide the delivery area. The two leftmost digits identify a sector which may consist of several large buildings, blocks or groups of streets. The rightmost digits divide the sector into segments such as a street, a block, a floor of a building, or a cluster of mailboxes. The USPS Domestic Mail Manual includes information on the use of the new 11-digit zip code.

National Electronic Data Interchange Transaction Set Implementation Guide
Health Care Claim: Institutional ASC X12N Electronic Data Interchange
Transaction Set Implementation Guide
Health Care Claim: Institutional and Professional (837)

(Used for all Mapping of HIPAA Reference – Transaction Set/Loop/Segment

Appendix A
Maine Health Data Organization
Source Codes
(with references to specific MHDO data elements by file type)

Qualifier/Data Elements)

AVAILABLE FROM:

~~<http://www.wpc-edi.com/>~~
~~Washington Publishing Company~~
~~5740 Industry Lane~~
~~Frederick, MD 21704~~
~~store.x12.org/store~~
Data Interchange Standards Association, Inc. (DISA)
7600 Leesburg Pike Ste 430
Falls Church, VA 22043

ABSTRACT: The data implementation guide provides standardized data requirements and content for all users of the ANSI ASC X12N 837 Health Care Claims transaction.

**Appendix B-1
Maine Health Data Organization
Inpatient Data Submission Specifications
General**

Physical record must be 192 characters in length.

The record types in the file must be in the following order:

- Record Type 01 - Processor Data
- Record Type 20 - Sequence 01 - Patient Data
- Record Type 30 - Sequence 01 - Third Party Payer Data Primary Payer
- Record Type 30 - Sequence 02-99 - Third Party Payer Secondary Payer Required if secondary payer
- Record Type 40 - Claim Data
- Record Type 50 - IP Accommodations Data
- Record Type 60 - IP Ancillary Services
- Record Type 70 - Medical Data
- Record Type 71 - ICD-10 CM Principal and Admitting Diagnosis Codes, ICD-10 PCS Principal Procedure Code
- Record Type 72 - ICD-10 PCS Other Procedure Codes
- Record Type 73 - ICD-10 CM External Cause of Injury Diagnosis Codes
- Record Type 74 - ICD-10 CM Other Diagnosis Information
- Record Type 80 - ~~Physician~~Provider Data
- Record Type 90 - Claim Control Screen
- Record Type 99 - File Control

The individual claim begins with Record Type 20 and ends with Record Type 90.

The patient control number must be the same on each record type generated for a single patient record.

The medical record number should not be substituted for the patient control number.

**Appendix B-1
Maine Health Data Organization
Inpatient Data Submission Specifications
Record Type 01 - Processor Data
Version ~~040~~ - ~~050~~ - ~~060~~**

Data Element #	Data Element	Implementation Date for New Data Elements	Type	Length	Description/Codes/Sources
IP0101	Record Type		AN <u>I</u>	2	01
IP0102	Submitter EIN		AN <u>I</u>	6	Must be the <u>MHDO-assigned</u> , 6-digit hospital code, left justified
IP0198	Filler		AN <u>I</u>	38	
IP0103	Submitter Name		AN <u>I</u>	21	
IP0104	Address		AN <u>I</u>	18	
IP0105	City		AN <u>I</u>	15	
IP0106	State		AN <u>I</u>	2	
IP0107	Zip Code		AN <u>I</u>	9	
IP0199	Filler		AN <u>I</u>	78	
IP0108	Version Code		N <u>I</u>	3	040, 050 or 060 leave blank

**Appendix B-1
Maine Health Data Organization
Inpatient Data Submission Specifications
Record Type 20 - Patient Data
Version 040**

Data Element #	Data Element	Implementation Date for New Data Elements	Type	Length	Description/Codes/Sources
IP2001	Record Type		AN	2	20
IP2002	Filler (National Use)		AN	2	
IP2003	Patient Control Number		AN	20	Assigned by the facility
IP2095	Filler		AN	30	
IP2004	Patient Gender		AN	4	M = Male F = Female U = Unknown
IP2005	Patient Birth Date		N	8	MMDDCCYY
IP2096	Filler		AN	4	
IP2006	Type of Admission		AN	4	
IP2007	Source of Admission		AN	4	
IP2097	Filler		AN	36	
IP2008	Patient City		AN	15	
IP2009	Patient State		AN	2	
IP2010	Patient Zip Code		AN	9	As defined by US Postal Service Do not include dashes
IP2011	Admission/Start of Care		N	6	MMDDYY
IP2012	Admission Hour		AN	2	Military Time Range 00 - 23
IP2098	Filler		N	6	
IP2013	Statement Covers Period - Thru		N	6	MMDDYY
IP2014	Patient Status		N	2	
IP2015	Discharge Hour		N	2	Military Time Range 00 - 23
IP2099	Filler		AN	20	

**Appendix B-1
Maine Health Data Organization
Inpatient Data Submission Specifications
Record Type 20 - Patient Data
Version 040**

Data Element #	Data Element	Implementation Date for New Data Elements	Type	Length	Description/Codes/Sources
IP2016	Medical Record Number		AN	17	Assigned by the facility
IP2017	Race	March 1, 2007	AN	4	1 = American Indian or Alaska Native 2 = Asian 3 = Black or African American 4 = Native Hawaiian or Other Pacific Islander 5 = White 6 = Other Race 7 = Patient Elected not to Answer 8 = Unknown
IP2018	Ethnicity	March 1, 2007	AN	4	1 = Hispanic or Latino 2 = Non-Hispanic or Non-Latino 8 = Unknown
IP2019	Filler		AN	4	

**Appendix B-1
Maine Health Data Organization
Inpatient Data Submission Specifications
Record Type 20 - Patient Data
Version 050 and 060**

Data Element #	Data Element	Implementation Date for New Data Elements	Type	Length	Description/Codes/Sources
IP2001	Record Type		AN <u>T</u>	2	20
IP2002	Filler (National Use)		AN <u>T</u>	2	
IP2003	Patient Control Number		AN <u>T</u>	20	Assigned by the facility
IP2095	Filler		AN <u>T</u>	30	Space filled
IP2004	Patient Sex Gender		AN <u>T</u>	1	M = Male F = Female U = Unknown
IP2005	Patient Birth Date		NA <u>N</u>	8	CCYYMMDD
IP2096	Filler		AN <u>T</u>	1	
IP2006	Type of Admission Priority (Type) of Admission or Visit		AN <u>T</u>	1	
IP2007	Source of Admission Point of Origin for Admission or Visit		AN <u>T</u>	1	
IP2097	Filler		AN <u>T</u>	30	
IP2008	Patient City		AN <u>T</u>	15	
IP2009	Patient State		AN <u>T</u>	2	
IP2010	Patient Zip Code		AN <u>T</u>	9	As defined by US Postal Service Do not include dashes
IP2011	Admission/Start of Care <u>Date</u>		NA <u>N</u>	8	CCYYMMDD
IP2012	Admission Hour		AN <u>T</u>	2	Military Time - Range 00-23
IP2098	Filler		AN <u>T</u>	8	
IP2013	Statement Covers <u>Period</u> - Thru		NA <u>N</u>	8	CCYYMMDD
IP2014	Patient <u>Discharge</u> Status		N	2	

**Appendix B-1
Maine Health Data Organization
Inpatient Data Submission Specifications
Record Type 20 - Patient Data
Version 050 and 060**

Data Element #	Data Element	Implementation Date for New Data Elements	Type	Length	Description/Codes/Sources
IP2015	Discharge Hour		<u>ANT</u>	2	Military Time - Range 00-23
IP2099	Filler		<u>ANT</u>	20	
IP2016	Medical/Health Record Number		<u>ANT</u>	17	Assigned by the facility
IP2017	Race	March 1, 2007	<u>ANT</u>	1	1 = American Indian or Alaska Native 2 = Asian 3 = Black or African American 4 = Native Hawaiian or Other Pacific Islander 5 = White 6 = Other Race 7 = Patient Elected not to Answer 8 = Unknown
IP2018	Ethnicity	March 1, 2007	<u>ANT</u>	1	1 = Hispanic or Latino 2 = Non-Hispanic or Non-Latino 8 = Unknown
IP2019	Filler		<u>ANT</u>	1	

**Appendix B-1
Maine Health Data Organization
Inpatient Data Submission Specifications
Record Type 30 - Third Party Payer
Version 040, 050 and 060**

Data Element #	Data Element	Implementation Date for New Data Elements	Type	Length	Description/Codes/Sources
IP3001	Record Type		AN <u>I</u>	2	30
IP3002	Sequence Number		N <u>I</u>	2	01 Primary Payer 02 - 99 Secondary Payer
IP3003	Patient Control Number		AN <u>I</u>	20	Assigned by the facility
IP3095	Filler		AN <u>I</u>	1	
IP3004	Payer Identification Number	January 1, 2006	AN <u>I</u>	5	Left Justified
IP3096	Filler		AN <u>I</u>	4	
IP3005	Social Security Number	April 1, 2006	AN <u>I</u>	19	Do not include the dashes For internal use only – Required if collected
IP3097	Filler		AN <u>I</u>	2	
IP3006	Payer Name		AN <u>I</u>	23	
IP3098	Filler		AN <u>I</u>	1	
IP3007	Insurance <u>Insured's Group Number</u>	April 1, 2006	AN <u>I</u>	17	For internal use only – Required if collected
IP3008	Insurance Policy ID <u>Insured's Unique Identifier</u>		AN <u>I</u>	20	Insurance policy or certificate ID
IP3099	Filler		AN <u>I</u>	76	

**Appendix B-1
Maine Health Data Organization
Inpatient Data Submission Specifications
Record Type 40 - Claim Data
Version 040, 050 and 060**

Data Element #	Data Element	Implementation Date for New Data Elements	Type	Length	Description/Codes/Sources
IP4001	Record Type		AN <u>I</u>	2	40
IP4002	Sequence Number		N <u>I</u>	2	01
IP4003	Patient Control Number		AN <u>I</u>	20	Assigned by the facility
IP4004	Type of Bill		AN <u>I</u>	3	Code indicating the specific type of bill
IP4099	Filler		AN <u>I</u>	165	

**Appendix B-1
Maine Health Data Organization
Inpatient Data Submission Specifications
Record Type 50 - IP Accommodations Data
Version 040 and 050**

Data Element #	Data Element	Implementation Date for New Data Elements	Type	Length	Description/Codes/Sources
IP5001	Record Type		AN	2	50
IP5002	Sequence Number		N	2	
IP5003	Patient Control Number		AN	20	Assigned by the facility
IP5004	Accommodations Revenue Code #1		N	4	
IP5092	Filler		AN	9	
IP5005	Accommodations Days #1		N	4	Right Justified, leading zeros
IP5006	Accommodations Total Charges #1		AN	10	Two decimal places implied
IP5093	Filler		N	15	
IP5007	Accommodations Revenue Code #2		AN	4	
IP5094	Filler		AN	9	
IP5008	Accommodations Days #2		N	4	Right Justified, leading zeros
IP5009	Accommodations Total Charges #2		N	10	Two decimal places implied
IP5095	Filler		AN	15	
IP5010	Accommodations Revenue Code #3		N	4	
IP5096	Filler		AN	9	
IP5011	Accommodations Days #3		N	4	Right Justified, leading zeros
IP5012	Accommodations Total Charges #3		N	10	Two decimal places implied
IP5097	Filler		AN	15	
IP5013	Accommodations Revenue Code #4		N	4	
IP5098	Filler		AN	9	
IP5014	Accommodations Days #4		N	4	Right Justified, leading zeros

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Maine Health Data Organization
Inpatient Data Submission Specifications
Record Type 50 - IP Accommodations Data
Version 040 and 050**

Data Element #	Data Element	Implementation Date for New Data Elements	Type	Length	Description/Codes/Sources
IP5015	Accommodations Total Charges #4		N	10	Two decimal place – No decimal point
IP5099	Filler		N	15	

**Appendix B-1
Maine Health Data Organization
Inpatient Data Submission Specifications
Record Type 50 - IP Accommodations Data
Version 060**

Data Element #	Data Element	Implementation Date for New Data Elements	Type	Length	Description/Codes/Sources
IP5001	Record Type		AN <u>T</u>	2	50
IP5002	Sequence Number		N <u>T</u>	3	
IP5003	Patient Control Number		AN <u>T</u>	20	Assigned by the facility
IP5091	Filler		AN <u>T</u>	3	
IP5004	Accommodations <u>Revenue Code #1</u>		N <u>T</u>	4	
IP5092	Filler		AN <u>T</u>	9	
IP5005	Accommodations <u>DaysService Units #1</u>		N	4	Right Justified, leading zeros
IP5006	Accommodations Total Charges #1		AN <u>T</u>	10	Two decimal places implied
IP5093	Filler		N <u>T</u>	14	
IP5007	Accommodations <u>Revenue Code #2</u>		AN <u>T</u>	4	
IP5094	Filler		AN <u>T</u>	9	
IP5008	Accommodations <u>DaysService Units #2</u>		N	4	Right Justified, leading zeros
IP5009	Accommodations Total Charges #2		N	10	Two decimal places implied
IP5095	Filler		AN <u>T</u>	14	
IP5010	Accommodations <u>Revenue Code #3</u>		N <u>T</u>	4	
IP5096	Filler		AN <u>T</u>	9	
IP5011	Accommodations <u>DaysService Units #3</u>		N	4	Right Justified, leading zeros
IP5012	Accommodations Total Charges #3		N	10	Two decimal places implied
IP5097	Filler		AN <u>T</u>	14	

**Appendix B-1
Maine Health Data Organization
Inpatient Data Submission Specifications
Record Type 50 - IP Accommodations Data
Version 060**

Data Element #	Data Element	Implementation Date for New Data Elements	Type	Length	Description/Codes/Sources
IP5013	Accommodations <u>Revenue Code</u> #4		<u>NT</u>	4	
IP5098	Filler		<u>ANT</u>	9	
IP5014	Accommodations <u>DaysService Units</u> #4		N	4	Right Justified, leading zeros
IP5015	Accommodations <u>Total Charges</u> #4		N	10	Two decimal places implied
IP5099	Filler		<u>NT</u>	14	

**Appendix B-1
Maine Health Data Organization
Inpatient Data Submission Specifications
Record Type 60 - IP Ancillary Services Data
Version 040 and 050**

Data Element #	Data Element	Implementation Date for New Data Elements	Type	Length	Description/Codes/Sources
IP6001	Record Type		AN	2	60
IP6002	Sequence Number		N	2	01 to 99
IP6003	Patient Control Number		AN	20	Assigned by the facility
IP6004	Inpatient Ancillary Revenue Code #1		N	4	
IP6094	Filler		AN	16	
IP6005	Inpatient Ancillary Total Charge #1		N	10	Two decimal places implied
IP6095	Filler		AN	26	
IP6006	Inpatient Ancillary Revenue Code #2		N	4	
IP6096	Filler		AN	16	
IP6007	Inpatient Ancillary Total Charge #2		N	10	Two decimal places implied
IP6097	Filler		AN	26	
IP6008	Inpatient Ancillary Revenue Code #3		N	4	
IP6098	Filler		AN	16	
IP6009	Inpatient Ancillary Total Charge #3		N	10	Two decimal places implied
IP6099	Filler		AN	26	

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Maine Health Data Organization
Inpatient Data Submission Specifications
Record Type 60 - IP Ancillary Services Data
Version 060**

Data Element #	Data Element	Implementation Date for New Data Elements	Type	Length	Description/Codes/Sources
IP6001	Record Type		AN <u>I</u>	2	60
IP6002	Sequence Number		N <u>I</u>	3	001 to 999
IP6003	Patient Control Number		AN <u>I</u>	20	Assigned by the facility
IP6093	Filler		AN <u>I</u>	2	
IP6004	Inpatient Ancillary Revenue Code #1		N <u>I</u>	4	
IP6094	Filler		AN <u>I</u>	16	
IP6005	Inpatient Ancillary Total Charges #1		N	10	Two decimal places implied
IP6095	Filler		AN <u>I</u>	25	
IP6006	Inpatient Ancillary Revenue Code #2		N <u>I</u>	4	
IP6096	Filler		AN <u>I</u>	16	
IP6007	Inpatient Ancillary Total Charges #2		N	10	Two decimal places implied
IP6097	Filler		AN <u>I</u>	25	
IP6008	Inpatient Ancillary Revenue Code #3		N <u>I</u>	4	
IP6098	Filler		AN <u>I</u>	16	
IP6009	Inpatient Ancillary Total Charge #3		N	10	Two decimal places implied
IP6099	Filler		AN <u>I</u>	25	

**Appendix B-1
Maine Health Data Organization
Inpatient Data Submission Specifications
Record Type 70 - Medical Data
Version 040**

Data Element #	Data Element	Implementation Date for New Data Elements	Type	Length	Description/Codes/Sources
IP7001	Record Type		AN	2	70
IP7002	Sequence Number		N	2	01
IP7003	Patient Control Number		AN	20	Assigned by the facility
IP7004	Principal Diagnosis Code		AN	5	ICD9-CM - Do not code decimal point - Left Justified
IP7004A	Present on Admission Indicator	April 1, 2009	AN	1	Y = Present at the time of admission N = Not present at the time of admission U = Documentation is insufficient to determine if present W = Unable to clinically determine whether condition present 1 = Exempt from POA reporting
IP7005	Other Diagnosis Code - 1		AN	5	ICD9-CM - Do not code decimal point - Left Justified
IP7006	Present on Admission Indicator - 1	March 1, 2007	N	1	Y = Present at the time of admission N = Not present at the time of admission U = Documentation is insufficient to determine if present W = Unable to clinically determine whether condition present 1 = Exempt from POA reporting
IP7007	Other Diagnosis Code - 2		AN	5	ICD9-CM - Do not code decimal point - Left Justified
IP7008	Present on Admission Indicator - 2	March 1, 2007	N	1	Y = Present at the time of admission N = Not present at the time of admission U = Documentation is insufficient to determine if present W = Unable to clinically determine whether condition present 1 = Exempt from POA reporting
IP7009	Other Diagnosis Code - 3		AN	5	ICD9-CM - Do not code decimal point - Left Justified

**Appendix B-1
Maine Health Data Organization
Inpatient Data Submission Specifications
Record Type 70 - Medical Data
Version 040**

IP7010	Present on Admission Indicator – 3	March 1, 2007	N	4	Y = Present at the time of admission N = Not present at the time of admission U = Documentation is insufficient to determine if present W = Unable to clinically determine whether condition present 1 = Exempt from POA reporting
IP7011	Other Diagnosis Code – 4		AN	5	ICD9-CM – Do not code decimal point – Left Justified
IP7012	Present on Admission Indicator – 4	March 1, 2007	N	4	Y = Present at the time of admission N = Not present at the time of admission U = Documentation is insufficient to determine if present W = Unable to clinically determine whether condition present 1 = Exempt from POA reporting
IP7013	Other Diagnosis Code – 5		AN	5	ICD9-CM – Do not code decimal point – Left Justified
IP7014	Present on Admission Indicator – 5	March 1, 2007	N	4	Y = Present at the time of admission N = Not present at the time of admission U = Documentation is insufficient to determine if present W = Unable to clinically determine whether condition present 1 = Exempt from POA reporting
IP7015	Other Diagnosis Code – 6		AN	5	ICD9-CM – Do not code decimal point – Left Justified
IP7016	Present on Admission Indicator – 6	March 1, 2007	N	4	Y = Present at the time of admission N = Not present at the time of admission U = Documentation is insufficient to determine if present W = Unable to clinically determine whether condition present 1 = Exempt from POA reporting
IP7017	Other Diagnosis Code – 7		AN	5	ICD9-CM – Do not code decimal point – Left Justified
IP7018	Present on Admission Indicator – 7	March 1, 2007	N	4	Y = Present at the time of admission N = Not present at the time of admission U = Documentation is insufficient to determine if present W = Unable to clinically determine whether condition present 1 = Exempt from POA reporting
IP7019	Other Diagnosis Code – 8		AN	5	ICD9-CM – Do not code decimal point – Left Justified

**Appendix B-1
Maine Health Data Organization
Inpatient Data Submission Specifications
Record Type 70 - Medical Data
Version 040**

IP7020	Present on Admission Indicator - 8	March 1, 2007	N	1	Y = Present at the time of admission N = Not present at the time of admission U = Documentation is insufficient to determine if present W = Unable to clinically determine whether condition present 1 = Exempt from POA reporting
IP7021	Principal Procedure Code		AN	7	ICD9-CM - Do not code decimal point - Left Justified
IP7022	Principal Procedure Date		N	6	MMDDYY
IP7023	Other Procedure Code - 1		AN	7	ICD9-CM - Do not code decimal point - Left Justified
IP7024	Other Procedure Date - 1		N	6	MMDDYY
IP7025	Other Procedure Code - 2		AN	7	ICD9-CM - Do not code decimal point - Left Justified
IP7026	Other Procedure Date - 2		N	6	MMDDYY
IP7027	Other Procedure Code - 3		AN	7	ICD9-CM - Do not code decimal point - Left Justified
IP7028	Other Procedure Date - 3		N	6	MMDDYY
IP7029	Other Procedure Code - 4		AN	7	ICD9-CM - Do not code decimal point - Left Justified
IP7030	Other Procedure Date - 4		N	6	MMDDYY
IP7031	Other Procedure Code - 5		AN	7	ICD9-CM - Do not code decimal point - Left Justified
IP7032	Other Procedure Date - 5		N	6	MMDDYY
IP7033	Admitting Diagnosis		AN	6	ICD9-CM - Do not code decimal point - Left Justified
IP7034	External Cause of Injury (E-Code)		AN	6	ICD9-CM - Do not code decimal point - Left Justified Describes the external causes of injury, poisoning or adverse effect
IP7034A	Present on Admission Indicator	April 1, 2009	AN	1	Y = Present at the time of admission N = Not present at the time of admission U = Documentation is insufficient to determine if present W = Unable to clinically determine whether condition present 1 = Exempt from POA reporting
IP7035	External Cause of Injury (E-code) #2	April 1, 2009	AN	6	ICD9-CM - Do not code decimal point - Left Justified Describes the external causes of injury, poisoning or adverse effect
IP7035A	Present on Admission Indicator	April 1, 2009	AN	1	Y = Present at the time of admission

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Maine Health Data Organization
Inpatient Data Submission Specifications
Record Type 70 - Medical Data
Version 040**

					N = Not present at the time of admission U = Documentation is insufficient to determine if present W = Unable to clinically determine whether condition present 1 = Exempt from POA reporting
IP7099	Filler		AN	16	

Note: E-codes when applicable must be reported in the E-Code field. If there are additional E-codes they can be reported in one of the 8 other diagnosis code fields.
DO NOT DUPLICATE E-CODES

**Appendix B-1
Maine Health Data Organization
Inpatient Data Submission Specifications
Record Type 70 - Medical Data
Version 050 and 060**

Data Element #	Data Element	Implementation Date for New Data Elements	Type	Length	Description/Codes/Sources
IP7001	Record Type		AN <u>I</u>	2	70
IP7002	Sequence Number		N <u>I</u>	2	01
IP7003	Patient Control Number		AN <u>I</u>	20	Assigned by the facility
IP7004	Principal Diagnosis Code		AN <u>I</u>	5	ICD9-CM - Do not code decimal point - Left Justified
IP7004A	Present on Admission Indicator	April 1, 2009	AN <u>I</u>	1	Y = Present at the time of admission N = Not present at the time of admission U = Documentation is insufficient to determine if present W = Unable to clinically determine whether condition present 1 = Exempt from POA reporting
IP7005	Other Diagnosis Code - 1		AN <u>I</u>	5	ICD9-CM - Do not code decimal point - Left Justified
IP7006	Present on Admission Indicator - 1	March 1, 2007	N <u>I</u>	1	Y = Present at the time of admission N = Not present at the time of admission U = Documentation is insufficient to determine if present W = Unable to clinically determine whether condition present 1 = Exempt from POA reporting
IP7007	Other Diagnosis Code - 2		AN <u>I</u>	5	ICD9-CM - Do not code decimal point - Left Justified
IP7008	Present on Admission Indicator - 2	March 1, 2007	N <u>I</u>	1	Y = Present at the time of admission N = Not present at the time of admission U = Documentation is insufficient to determine if present W = Unable to clinically determine whether condition present 1 = Exempt from POA reporting
IP7009	Other Diagnosis Code - 3		AN <u>I</u>	5	ICD9-CM - Do not code decimal point - Left Justified

**Appendix B-1
Maine Health Data Organization
Inpatient Data Submission Specifications
Record Type 70 - Medical Data
Version 050 and 060**

Data Element #	Data Element	Implementation Date for New Data Elements	Type	Length	Description/Codes/Sources
IP7010	Present on Admission Indicator - 3	March 1, 2007	<u>NT</u>	1	Y = Present at the time of admission N = Not present at the time of admission U = Documentation is insufficient to determine if present W = Unable to clinically determine whether condition present 1 = Exempt from POA reporting
IP7011	Other Diagnosis Code - 4		<u>ANT</u>	5	ICD9-CM - Do not code decimal point - Left Justified
IP7012	Present on Admission Indicator - 4	March 1, 2007	<u>NT</u>	1	Y = Present at the time of admission N = Not present at the time of admission U = Documentation is insufficient to determine if present W = Unable to clinically determine whether condition present 1 = Exempt from POA reporting
IP7013	Other Diagnosis Code - 5		<u>ANT</u>	5	ICD9-CM - Do not code decimal point - Left Justified
IP7014	Present on Admission Indicator - 5	March 1, 2007	<u>NT</u>	1	Y = Present at the time of admission N = Not present at the time of admission U = Documentation is insufficient to determine if present W = Unable to clinically determine whether condition present 1 = Exempt from POA reporting
IP7015	Other Diagnosis Code - 6		<u>ANT</u>	5	ICD9-CM - Do not code decimal point - Left Justified
IP7016	Present on Admission Indicator - 6	March 1, 2007	<u>NT</u>	1	Y = Present at the time of admission N = Not present at the time of admission U = Documentation is insufficient to determine if present W = Unable to clinically determine whether condition present 1 = Exempt from POA reporting
IP7017	Other Diagnosis Code - 7		<u>ANT</u>	5	ICD9-CM - Do not code decimal point - Left Justified

**Appendix B-1
Maine Health Data Organization
Inpatient Data Submission Specifications
Record Type 70 - Medical Data
Version 050 and 060**

Data Element #	Data Element	Implementation Date for New Data Elements	Type	Length	Description/Codes/Sources
IP7018	Present on Admission Indicator - 7	March 1, 2007	<u>NT</u>	1	Y = Present at the time of admission N = Not present at the time of admission U = Documentation is insufficient to determine if present W = Unable to clinically determine whether condition present 1 = Exempt from POA reporting
IP7019	Other Diagnosis Code - 8		<u>ANT</u>	5	ICD9-CM - Do not code decimal point - Left Justified
IP7020	Present on Admission Indicator - 8	March 1, 2007	<u>NT</u>	1	Y = Present at the time of admission N = Not present at the time of admission U = Documentation is insufficient to determine if present W = Unable to clinically determine whether condition present 1 = Exempt from POA reporting
IP7021	Principal Procedure Code		<u>ANT</u>	7	If present must a valid ICD9-CM procedure code.
IP7022	Principal Procedure Date		<u>NAN</u>	8	CCYYMMDD
IP7023	Other Procedure Code - 1		<u>ANT</u>	7	ICD9-CM - Do not code decimal point - Left Justified
IP7024	Other Procedure Date - 1		<u>NAN</u>	8	CCYYMMDD
IP7025	Other Procedure Code - 2		<u>ANT</u>	7	ICD9-CM - Do not code decimal point - Left Justified
IP7026	Other Procedure Date - 2		<u>NAN</u>	8	CCYYMMDD
IP7027	Other Procedure Code - 3		<u>ANT</u>	7	ICD9-CM - Do not code decimal point - Left Justified
IP7028	Other Procedure Date - 3		<u>NAN</u>	8	CCYYMMDD
IP7029	Other Procedure Code - 4		<u>ANT</u>	7	ICD9-CM - Do not code decimal point - Left Justified
IP7030	Other Procedure Date - 4		<u>NAN</u>	8	CCYYMMDD
IP7031	Other Procedure Code - 5		<u>ANT</u>	7	ICD9-CM - Do not code decimal point - Left Justified
IP7032	Other Procedure Date - 5		<u>NAN</u>	8	CCYYMMDD
IP7033	Admitting Diagnosis Code		<u>ANT</u>	6	ICD9-CM - Do not code decimal point - Left Justified

**Appendix B-1
Maine Health Data Organization
Inpatient Data Submission Specifications
Record Type 70 - Medical Data
Version 050 and 060**

Data Element #	Data Element	Implementation Date for New Data Elements	Type	Length	Description/Codes/Sources
IP7034	External Cause of Injury (E-Code) - <u>1</u>		ANT	6	ICD9-CM - Do not code decimal point - Left Justified
IP7034A	Present on Admission Indicator - <u>1</u>	April 1, 2009	ANT	1	Y = Present at the time of admission N = Not present at the time of admission U = Documentation is insufficient to determine if present W = Unable to clinically determine whether condition present 1 = Exempt from POA reporting
IP7035	External Cause of Injury (E-Code) - <u>2</u>	April 1, 2009	ANT	6	ICD9-CM – Do not code decimal point – Left Justified
IP7035A	Present on Admission Indicator - <u>2</u>	April 1, 2009	ANT	1	Y = Present at the time of admission N = Not present at the time of admission U = Documentation is insufficient to determine if present W = Unable to clinically determine whether condition present 1 = Exempt from POA reporting
IP7099	Filler		ANT	4	

Note: E-codes when applicable must be reported in the E-Code field. If there are additional E-codes they can be reported in one of the 8 other diagnosis code fields. DO NOT DUPLICATE E-CODES.

Appendix B-1
Maine Health Data Organization
Inpatient Data Submission Specifications
Record Type 71 - ICD-10 CM Principal and Admitting Diagnosis Codes, ICD-10 PCS Principal Procedure Code
Version 040, 050 and 060

Data Element #	Data Element	Implementation Date For New Data Elements	Type	Length	Description
IP7101	Record Type	10/1/2014	ANT	2	71
IP7102	Sequence Number	10/1/2014	NT	2	01
IP7103	Patient Control Number	10/1/2014	ANT	20	Assigned by facility
IP7104	Principal Diagnosis	10/1/2014	ANT	10	ICD-10 CM - do not code decimal point - Left Justified
IP7105	Present On Admission Indicator	10/1/2014	ANT	3	Standard POA code set - Left Justified
IP7106	Admitting Diagnosis	10/1/2014	ANT	10	ICD-10 CM - do not code decimal point - Left Justified
IP7107	Filler		ANT	10	
IP7108	Filler		ANT	10	
IP7109	Filler		ANT	10	
IP7110	Principal Procedure Code	10/1/2014	ANT	10	ICD-10 PCS - do not code decimal point - Left Justified
IP7111	Principal Procedure Date	10/1/2014	AN	8	CCYYMMDD

Appendix B-1
Maine Health Data Organization
Inpatient Data Submission Specifications
Record Type 72 - ICD-10 PCS Other Procedure Codes
Version 040, 050 and 060

Data Element #	Data Element Name	Implementation Date For New Data Elements	Type	Length	Description
IP7201	Record Type	10/1/2014	<u>ANT</u>	2	7472
IP7202	Sequence Number	10/1/2014	<u>NT</u>	2	01 - 03
IP7203	Patient Control Number	10/1/2014	<u>ANT</u>	20	Assigned by facility
IP7204	Other Procedure Code - 1	10/1/2014	<u>ANT</u>	10	ICD-10 PCS - do not code decimal point - Left Justified
IP7205	Other Procedure Date - 1	10/1/2014	<u>NAN</u>	8	CCYYMMDD
IP7206	Other Procedure Code - 2	10/1/2014	<u>ANT</u>	10	ICD-10 PCS - do not code decimal point - Left Justified
IP7207	Other Procedure Date - 2	10/1/2014	<u>NAN</u>	8	CCYYMMDD
IP7208	Other Procedure Code - 3	10/1/2014	<u>ANT</u>	10	ICD-10 PCS - do not code decimal point - Left Justified
IP7209	Other Procedure Date - 3	10/1/2014	<u>NAN</u>	8	CCYYMMDD
IP7210	Other Procedure Code - 4	10/1/2014	<u>ANT</u>	10	ICD-10 PCS - do not code decimal point - Left Justified
IP7211	Other Procedure Date - 4	10/1/2014	<u>NAN</u>	8	CCYYMMDD
IP7212	Other Procedure Code - 5	10/1/2014	<u>ANT</u>	10	ICD-10 PCS - do not code decimal point - Left Justified
IP7213	Other Procedure Date - 5	10/1/2014	<u>NAN</u>	8	CCYYMMDD
IP7214	Other Procedure Code - 6	10/1/2014	<u>ANT</u>	10	ICD-10 PCS - do not code decimal point - Left Justified
IP7215	Other Procedure Date - 6	10/1/2014	<u>NAN</u>	8	CCYYMMDD
IP7216	Other Procedure Code - 7	10/1/2014	<u>ANT</u>	10	ICD-10 PCS - do not code decimal point - Left Justified
IP7217	Other Procedure Date - 7	10/1/2014	<u>NAN</u>	8	CCYYMMDD
IP7218	Other Procedure Code - 8	10/1/2014	<u>ANT</u>	10	ICD-10 PCS - do not code decimal point - Left Justified
IP7219	Other Procedure Date - 8	10/1/2014	<u>NAN</u>	8	CCYYMMDD

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Maine Health Data Organization
Inpatient Data Submission Specifications
Record Type 73 - ICD-10 CM Other Diagnosis Information
Version 040, 050 and 060

Data Element #	Data Element Name	Implementation Date For New Data Elements	Type	Length	Description
IP7301	Record Type	10/1/2014	ANT	2	7473
IP7302	Sequence Number	10/1/2014	NT	2	01 - 02
IP7303	Patient Control Number	10/1/2014	ANT	20	Assigned by facility
IP7304	External Cause of Injury Code - 1	10/1/2014	ANT	10	ICD-10 CM - do not code decimal point - Left Justified
IP7305	Present On Admission Indicator - 1	10/1/2014	ANT	3	Standard POA code set - Left Justified
IP7306	External Cause of Injury Code - 2	10/1/2014	ANT	10	ICD-10 CM - do not code decimal point - Left Justified
IP7307	Present On Admission Indicator - 2	10/1/2014	ANT	3	Standard POA code set - Left Justified
IP7308	External Cause of Injury Code - 3	10/1/2014	ANT	10	ICD-10 CM - do not code decimal point - Left Justified
IP7309	Present On Admission Indicator - 3	10/1/2014	ANT	3	Standard POA code set - Left Justified
IP7310	External Cause of Injury Code - 4	10/1/2014	ANT	10	ICD-10 CM - do not code decimal point - Left Justified
IP7311	Present On Admission Indicator - 4	10/1/2014	ANT	3	Standard POA code set - Left Justified
IP7312	External Cause of Injury Code - 5	10/1/2014	ANT	10	ICD-10 CM - do not code decimal point - Left Justified
IP7313	Present On Admission Indicator - 5	10/1/2014	ANT	3	Standard POA code set - Left Justified
IP7314	External Cause of Injury Code - 6	10/1/2014	ANT	10	ICD-10 CM - do not code decimal point - Left Justified
IP7315	Present On Admission Indicator - 6	10/1/2014	ANT	3	Standard POA code set - Left Justified
IP7316	External Cause of Injury Code - 7	10/1/2014	ANT	10	ICD-10 CM - do not code decimal point - Left Justified
IP7317	Present On Admission Indicator - 7	10/1/2014	ANT	3	Standard POA code set - Left Justified
IP7318	External Cause of Injury Code - 8	10/1/2014	ANT	10	ICD-10 CM - do not code decimal point - Left Justified
IP7319	Present On Admission Indicator - 8	10/1/2014	ANT	3	Standard POA code set - Left Justified
IP7320	External Cause of Injury Code - 9	10/1/2014	ANT	10	ICD-10 CM - do not code decimal point - Left Justified
IP7321	Present On Admission Indicator - 9	10/1/2014	ANT	3	Standard POA code set - Left Justified
IP7322	External Cause of Injury Code - 10	10/1/2014	ANT	10	ICD-10 CM - do not code decimal point - Left Justified
IP7323	Present On Admission Indicator - 10	10/1/2014	ANT	3	Standard POA code set - Left Justified
IP7324	External Cause of Injury Code - 11	10/1/2014	ANT	10	ICD-10 CM - do not code decimal point - Left Justified
IP7325	Present On Admission Indicator - 11	10/1/2014	ANT	3	Standard POA code set - Left Justified
IP7326	External Cause of Injury Code - 12	10/1/2014	ANT	10	ICD-10 CM - do not code decimal point - Left Justified
IP7327	Present On Admission Indicator - 12	10/1/2014	ANT	3	Standard POA code set - Left Justified

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Maine Health Data Organization
Inpatient Data Submission Specifications
Record Type 74 - ICD-10 CM Other Diagnosis Information
~~Version 040, 050 and 060~~

Data Element #	Data Element Name	Implementation Date For New Data Elements	Type	Length	Description
IP7401	Record Type	10/1/2014	ANT	2	7474
IP7402	Sequence Number	10/1/2014	NT	2	01 - 02
IP7403	Patient Control Number	10/1/2014	ANT	20	Assigned by facility
IP7404	Other Diagnosis Code - 1	10/1/2014	ANT	10	ICD-10 CM - do not code decimal point - Left Justified
IP7405	Present On Admission Indicator - 1	10/1/2014	ANT	3	Standard POA code set - Left Justified
IP7406	Other Diagnosis Code - 2	10/1/2014	ANT	10	ICD-10 CM - do not code decimal point - Left Justified
IP7407	Present On Admission Indicator - 2	10/1/2014	ANT	3	Standard POA code set - Left Justified
IP7408	Other Diagnosis Code - 3	10/1/2014	ANT	10	ICD-10 CM - do not code decimal point - Left Justified
IP7409	Present On Admission Indicator - 3	10/1/2014	ANT	3	Standard POA code set - Left Justified
IP7410	Other Diagnosis Code - 4	10/1/2014	ANT	10	ICD-10 CM - do not code decimal point - Left Justified
IP7411	Present On Admission Indicator - 4	10/1/2014	ANT	3	Standard POA code set - Left Justified
IP7412	Other Diagnosis Code - 5	10/1/2014	ANT	10	ICD-10 CM - do not code decimal point - Left Justified
IP7413	Present On Admission Indicator - 5	10/1/2014	ANT	3	Standard POA code set - Left Justified
IP7414	Other Diagnosis Code - 6	10/1/2014	ANT	10	ICD-10 CM - do not code decimal point - Left Justified
IP7415	Present On Admission Indicator - 6	10/1/2014	ANT	3	Standard POA code set - Left Justified
IP7416	Other Diagnosis Code - 7	10/1/2014	ANT	10	ICD-10 CM - do not code decimal point - Left Justified
IP7417	Present On Admission Indicator - 7	10/1/2014	ANT	3	Standard POA code set - Left Justified
IP7418	Other Diagnosis Code - 8	10/1/2014	ANT	10	ICD-10 CM - do not code decimal point - Left Justified
IP7419	Present On Admission Indicator - 8	10/1/2014	ANT	3	Standard POA code set - Left Justified
IP7420	Other Diagnosis Code - 9	10/1/2014	ANT	10	ICD-10 CM - do not code decimal point - Left Justified
IP7421	Present On Admission Indicator - 9	10/1/2014	ANT	3	Standard POA code set - Left Justified
IP7422	Other Diagnosis Code - 10	10/1/2014	ANT	10	ICD-10 CM - do not code decimal point - Left Justified
IP7423	Present On Admission Indicator - 10	10/1/2014	ANT	3	Standard POA code set - Left Justified
IP7424	Other Diagnosis Code - 11	10/1/2014	ANT	10	ICD-10 CM - do not code decimal point - Left Justified
IP7425	Present On Admission Indicator - 11	10/1/2014	ANT	3	Standard POA code set - Left Justified
IP7426	Other Diagnosis Code - 12	10/1/2014	ANT	10	ICD-10 CM - do not code decimal point - Left Justified
IP7427	Present On Admission Indicator - 12	10/1/2014	ANT	3	Standard POA code set - Left Justified

**Appendix B-1
Maine Health Data Organization
Inpatient Data Submission Specifications
Record Type 80 - Physician Provider Data
Version ~~040, 050 and 060~~**

Data Element #	Data Element	Implementation Date for New Data Elements	Type	Length	Description/Codes/Sources
IP8001	Record Type		AN <u>T</u>	2	80
IP8002	Sequence		N <u>T</u>	2	01
IP8003	Patient Control Number		AN <u>T</u>	20	Assigned by the facility
IP8097	Filler		AN <u>T</u>	2	
IP8004	Attending <u>Physician Provider</u> Number <u>Identifier</u>	April 1, 2009	AN <u>T</u>	16	NPI number of Attending <u>physician Provider</u>
IP8005	Operating <u>Physician Provider</u> Number <u>Identifier</u>	April 1, 2009	AN <u>T</u>	16	NPI number of Operating <u>physician Provider</u>
IP8098	Filler		AN <u>T</u>	32	
IP8006	Attending <u>Physician Provider</u> Last Name		AN <u>T</u>	16	Cannot be blank
IP8007	Attending <u>Physician Provider</u> First Name		AN <u>T</u>	8	Cannot be blank
IP8008	Attending <u>Physician Provider</u> Middle Initial		AN <u>T</u>	1	
IP8009	Operating <u>Physician Provider</u> Last Name		AN <u>T</u>	16	If a surgical procedure code (ICD) is reported, this field must be filled in.
IP8010	Operating <u>Physician Provider</u> First Name		AN <u>T</u>	8	Cannot be blank if IP8009 is filled
IP8011	Operating <u>Physician Provider</u> Middle Initial		AN <u>T</u>	1	
IP8099	Filler		AN <u>T</u>	52	

**Appendix B-1
Maine Health Data Organization
Inpatient Data Submission Specifications
Record Type 90 - Claim Control Screen
Version 040 and 050**

Data Element #	Data Element	Implementation Date for New Data Elements	Type	Length	Description/Codes/Sources
IP9001	Record Type		AN	2	90
IP9002	Filler (National Use)		AN	2	
IP9003	Patient Control Number		AN	20	Assigned by the facility
IP9097	Filler		AN	18	
IP9004	Total Accommodation Charges – Revenue Centers		N	10	Must equal the sum of record type 50 revenue code data Two decimal places implied
IP9098	Filler		AN	10	
IP9005	Total Ancillary Charges – Revenue Centers		N	10	Must equal the sum of record type 60 revenue code data Two decimal places implied
IP9099	Filler		AN	120	

**Appendix B-1
Maine Health Data Organization
Inpatient Data Submission Specifications
Record Type 90 - Claim Control Screen
Version 060**

Data Element #	Data Element	Implementation Date for New Data Elements	Type	Length	Description/Codes/Sources
IP9001	Record Type		AN <u>I</u>	2	90
IP9002	Filler (National Use)		AN <u>I</u>	2	
IP9003	Patient Control Number		AN <u>I</u>	20	Assigned by the facility
IP9097	Filler		AN <u>I</u>	20	
IP9004	Total Accommodation Charges – Revenue Centers		N	10	Must equal the sum of record type 50 revenue code data Two decimal places implied
IP9098	Filler		N	10	
IP9005	Total Ancillary Charges – Revenue Centers		N	10	Must equal the sum of record type 60 revenue code data Two decimal places implied
IP9099	Filler		AN <u>I</u>	118	

Appendix B-1
Maine Health Data Organization
Inpatient Data Submission Specifications
Record Type 99 - File Control
Version ~~040, 050 and 060~~

Data Element #	Data Element	Implementation Date for New Data Elements	Type	Length	Description/Codes/Sources
IP9901	Record Type		ANI	2	99
IP9999	Filler		ANI	190	

**Appendix B-2
Maine Health Data Organization
Inpatient Data Record Type 01 Mapping to National Standards**

Data Element #	Data Element Name	UB-04 Form Locator	UB-92 (Version 4,5 & 6) Record Type/Field #	HIPAA Reference <u>ASC X12N/005010A1</u> Transaction Set/Loop/ Segment ID/Code Value/ Reference Designator
IP0101	Record Type	NA	01/4	NA
IP0102	Submitter EIN	1	01/2	837/201044NM1/85:2/XX/09NA
IP0103	Submitter Name	1	01/9	837/2010AA/NM1/85/2/03
IP0104	Address	1	01/10	837/2010AA/N3/01M1/85:2/03
IP0105	City	1	01/11	837/2010AA/N4/01M1/85:2/03
IP0106	State	1	01/12	837/2010AA/N4/02M1/85:2/03
IP0107	Zip Code	1	01/13	837/2010AA/N4/03M1/85:2/03
IP0108	Version Code	NA	01/20	NA

Appendix B-2
Maine Health Data Organization
Inpatient Data Record Type 20 Mapping to National Standards

Data Element #	Data Element Name	UB-04 Form Locator	UB-92 (Version 4,5 & 6) Record Type/Field #	HIPAA Reference <u>ASC X12N/005010A1</u> Transaction Set/Loop/ Segment ID/Code Value/ Reference Designator
IP2001	Record Type	NA	20/1	NA
IP2002	Filler (National Use)	NA	20/2	NA
IP2003	Patient Control Number	3A	20/3	837/2300/CLM/ /01
IP2004	Patient Sex <u>Gender</u>	11	20/7	837/2010CA/DMG/03 <u>837/2010BA/DMG/03</u>
IP2005	Patient Birth Date	10	20/8	837/2010CA/DMG/D8/02 <u>837/2010BA/DMG/D8/02</u>
IP2006	Type of Admission <u>Priority (Type) of Admission or Visit</u>	14	20/10	837/2300/CL1/ /01
IP2007	Source of Admission/Visit <u>Point of Origin for Admission or Visit</u>	15	20/11	837/2300/CL1/ /02
IP2008	Patient City	9B	20/14	837/2010CA/N4/ /01 <u>837/2010BA/N4/ /01</u>
IP2009	Patient State	9C	20/15	837/2010CA/N4/ /02 <u>837/2010BA/N4/ /02</u>
IP2010	Patient Zip Code	9D	20/16	837/2010CA/N4/ /03 <u>837/2010BA/N4/ /03</u>
IP2011	Admission/Start of Care <u>Date</u>	12	20/17	837/2300/DTP/435/DT/03
IP2012	Admission Hour	13	20/18	837/2300/DTP/435/DT/03
IP2013	Statement Covers <u>Period - Thru</u>	6	20/20	837/2300/DTP/434/RD8/03 (10-17)
IP2014	Patient <u>Discharge</u> Status	17	20/21	837/2300/CL1/ /03
IP2015	Discharge Hour	16	20/22	837/2300/DTP/096/TM/03

**Appendix B-2
Maine Health Data Organization
Inpatient Data Record Type 20 Mapping to National Standards**

Data Element #	Data Element Name	UB-04 Form Locator	UB-92 (Version 4, 5 & 6) Record Type/Field #	HIPAA Reference <u>ASC X12N/005010A1</u> Transaction Set/Loop/ Segment ID/Code Value/ Reference Designator
IP2016	Medical/ <u>Health</u> Record Number	3B	20/25	837/2300/REF/EA/02
IP2017	Race	NA	NA	837/2010CA/DMG/ /05 <u>837/2010BA/DMG/ /05</u>
IP2018	Ethnicity	NA	NA	837/2010CA/DMG/ /05 <u>837/2010BA/DMG/ /05</u>
IP2019	Filler (National Use)	NA	NA	NA

**Appendix B-2
Maine Health Data Organization
Inpatient Data Record Type 30 Mapping to National Standards**

Data Element #	Data Element Name	UB-04 Form Locator	UB-92 (Version 4,5 & 6) Record Type/Field #	HIPAA Reference <u>ASC X12N/005010A1</u> Transaction Set/Loop/ Segment ID/Code Value/ Reference Designator
IP3001	Record Type	NA	30/1	NA
IP3002	Sequence Number	NA	30/2	837/2000B/SBR/ /01
IP3003	Patient Control Number	3A	30/3	837/2300/CLM/ /01
IP3004	Payer Identification Number (Primary)	NA	NA	NA
	Payer Identification Number (Secondary)	NA	NA	NA
IP3005	Social Security Number	NA	NA	NA
IP3006	Payer Name (Primary)	50A	30/8b	837/2010BBC/NM1/PR/2/03
	Payer Name (Secondary)	50B	30/8b	837/2330B/NM1/PR/2/03
IP3007	Insurance Insured's Group Number (Primary)	62A	30/10	837/2000B/SBR/P/03
	Insurance Insured's Group Number (Secondary)	62B	30/10	837/2320A/SBR/S/03
IP3008	Insurance Policy ID Insured's Unique Identifier (Primary)	60A	30/7	837/2010CA/NM/MI/109 <u>837/2010BA/NM1/MI/09</u>
	Insurance Policy ID Insured's Unique Identifier (Secondary)	60B	30/7	837/2010CA/NM/MI/109 <u>837/2330A/NM1/MI/09</u>

**Appendix B-2
Maine Health Data Organization
Inpatient Data Record Type 40 Mapping to National Standards**

Data Element #	Data Element Name	UB-04 Form Locator	UB-92 (Version 4,5 & 6) Record Type/Field #	HIPAA Reference <u>ASC X12N/005010A1</u> Transaction Set/Loop/ Segment ID/Code Value/ Reference Designator
IP4001	Record Type	NA	40/1	NA
IP4002	Sequence Number	NA	40/2	NA
IP4003	Patient Control Number	3A	40/3	837/2300/CLM/ /01
IP4004	Type of Bill	4	40/4	837/2300/CLM/ /05-1 837/2300/CLM/ /05-3

**Appendix B-2
Maine Health Data Organization
Inpatient Data Record Type 50 Mapping to National Standards**

Data Element #	Data Element Name	UB-04 Form Locator	UB-92 (Version 4,5 & 6) Record Type/Field #	HIPAA Reference <u>ASC X12N/005010A1</u> Transaction Set/Loop/ Segment ID/Code Value/ Reference Designator
IP5001	Record Type	NA	50/4	NA
IP5002	Sequence Number	NA	50/2	NA
IP5003	Patient Control Number	3A	50/3	837/2300/CLM/ /01
IP5004	Accommodations Revenue Code - 1	42	Version 4&5: 50/4,11,12,13 Version 6: 50/5,11,12,13	837/2400/SV2/ /01
IP5005	Accommodations Days Service Units - 1	46	Version 4&5: 50/6,11,12,13 Version 6: 50/7,11,12,13	837/2400/SV2/DA/05
IP5006	Accommodations Total Charges - 1	47	Version 4&5: 50/7,11,12,13 Version 6: 50/8,11,12,13	837/2400/SV2/ /03
IP5007	Accommodations Revenue Code - 2	42	Version 4&5: 50/4,11,12,13 Version 6: 50/5,11,12,13	837/2400/SV2/ /01
IP5008	Accommodations Days Service Units - 2	46	Version 4&5: 50/6,11,12,13 Version 6: 50/7,11,12,13	837/2400/SV2/DA/05
IP5009	Accommodations Total Charges - 2	47	Version 4&5: 50/7,11,12,13 Version 6: 50/8,11,12,13	837/2400/SV2/A/ /03
IP5010	Accommodations Revenue Code - 3	42	Version 4&5: 50/4,11,12,13 Version 6: 50/5,11,12,13	837/2400/SV2/ /01

**Appendix B-2
Maine Health Data Organization
Inpatient Data Record Type 50 Mapping to National Standards**

Data Element #	Data Element Name	UB-04 Form Locator	UB-92 (Version 4, 5 & 6) Record Type/Field #	HIPAA Reference <u>ASC X12N/005010A1</u> Transaction Set/Loop/ Segment ID/Code Value/ Reference Designator
IP5011	Accommodations Days <u>Service Units</u> - 3	46	Version 4&5: 50/6,11,12,13 Version 6: 50/7,11,12,13	837/2400/SV2/DA/05
IP5012	Accommodations Total Charges - 3	47	Version 4&5: 50/7,11,12,13 Version 6: 50/8,11,12,13	837/2400/SV2/ /03
IP5013	Accommodations Revenue Code - 4	42	Version 4,5: 50/4,11,12,13 Version 6: 50/5,11,12,13	837/2400/SV2/ /01
IP5014	Accommodations Days <u>Service Units</u> - 4	46	Version 4&5: 50/6,11,12,13 Version 6: 50/7,11,12,13	837/2400/SV2/DA/05
IP5015	Accommodations Total Charges - 4	47	Version 4&5: 50/7,11,12,13 Version 6: 50/8,11,12,13	837/2400/SV2/ /03

**Appendix B-2
Maine Health Data Organization
Inpatient Data Record Type 60 Mapping to National Standards**

Data Element #	Data Element Name	UB-04 Form Locator	UB-92 (Version 4,5 & 6) Record Type/Field #	HIPAA Reference <u>ASC X12N/005010A1</u> Transaction Set/Loop/ Segment ID/Code Value/ Reference Designator
IP6001	Record Type	NA	60/4	NA
IP6002	Sequence Number	NA	60/2	NA
IP6003	Patient Control Number	3A	60/3	837/2300/CLM/ /01
IP6004	Inpatient Ancillary Revenue Code - 1	42	Version 4&5: 60/4,13,14 Version 6: 60/9,15,16	837/2400/SV2/ /01
IP6005	Inpatient Ancillary Total Charges - 1	47	Version 4&5: 60/9,13,14 Version 6: 60/10,15,16	837/2400/SV2/ /03
IP6006	Inpatient Ancillary Revenue Code - 2	42	Version 4&5: 60/4,13,14 Version 6: 60/5,15,16	837/2400/SV2/ /01
IP6007	Inpatient Ancillary Total Charges - 2	47	Version 4&5: 60/9,13,14 Version 6: 60/10,15,16	837/2400/SV2/ /03
IP6008	Inpatient Ancillary Revenue Code - 3	42	Version 4&5: 60/4,13,14 Version 6: 60/5,15,16	837/2400/SV2/ /01
IP6009	Inpatient Ancillary Total Charges - 3	47	Version 4&5: 60/9,13,14 Version 6: 60/10,15,16	837/2400/SV2/ /03

Appendix B-2
Maine Health Data Organization
Inpatient Data Record Type 70 Mapping to National Standards

Data Element #	Data Element Name	UB-04 Form Locator	UB-92 (Version 4,5 & 6) Record Type/Field #	HIPAA Reference <u>ASC X12N/005010A1</u> Transaction Set/Loop/ Segment ID/Code Value/ Reference Designator
IP7001	Record Type	NA	70/1	NA
IP7002	Sequence Number	NA	70/2	NA
IP7003	Patient Control Number	3A	70/3	837/2300/CLM/ /01
IP7004	Principal Diagnosis Code	67	70/4	837/2300/HI/BK/01-2
IP7004A	Present on Admission Indicator	67	NA	837/2300/HI/ K3/POA /01-9
IP7005	Other Diagnosis Code – 1	67A	70/5	837/2300/HI/BF/01-2
IP7006	Present on Admission Indicator – 1	67A (pos 8)	NA	837/2300/HI/ K3/POA /01-9
IP7007	Other Diagnosis Code – 2	67B	70/6	837/2300/HI/BF/02-2
IP7008	Present on Admission Indicator – 2	67B (pos 8)	NA	837/2300/HI/ K3/POA /01-9
IP7009	Other Diagnosis Code – 3	67C	70/7	837/2300/HI/BF/03-2
IP7010	Present on Admission Indicator – 3	67C (pos 8)	NA	837/2300/HI/ K3/POA /01-9
IP7011	Other Diagnosis Code – 4	67D	70/8	837/2300/HI/BF/04-2
IP7012	Present on Admission Indicator – 4	67D (pos 8)	NA	837/2300/HI/ K3/POA /01-9
IP7013	Other Diagnosis Code – 5	67E	70/9	837/2300/HI/BF/05-2
IP7014	Present on Admission Indicator – 5	67E (pos 8)	NA	837/2300/HI/ K3/POA /01-9
IP7015	Other Diagnosis Code – 6	67F	70/10	837/2300/HI/BF/06-2
IP7016	Present on Admission Indicator – 6	67F (pos 8)	NA	837/2300/HI/ K3/POA /01-9
IP7017	Other Diagnosis Code – 7	67G	70/11	837/2300/HI/BF/07-2
IP7018	Present on Admission Indicator – 7	67G (pos 8)	NA	837/2300/HI/ K3/POA /01-9
IP7019	Other Diagnosis Code – 8	67H	70/12	837/2300/HI/BF/08-2
IP7020	Present on Admission Indicator – 8	67H (pos 8)	NA	837/2300/HI/ K3/POA /01-9

**Appendix B-2
Maine Health Data Organization
Inpatient Data Record Type 70 Mapping to National Standards**

Data Element #	Data Element Name	UB-04 Form Locator	UB-92 (Version 4,5 & 6) Record Type/Field #	HIPAA Reference <u>ASC X12N/005010A1</u> Transaction Set/Loop/ Segment ID/Code Value/ Reference Designator
IP7021	Principal Procedure Code	74	70/13	837/2300/HI/BR/01-2
IP7022	Principal Procedure Date	74	70/14	837/2300/HI/D8/01-4
IP7023	Other Procedure Code – 1	74A	70/15	837/2300/HI/BQ/01-2
IP7024	Other Procedure Date – 1	74A	70/16	837/2300/HI/D8/01-4
IP7025	Other Procedure Code – 2	74B	70/17	837/2300/HI/BQ/02-2
IP7026	Other Procedure Date – 2	74B	70/18	837/2300/HI/D8/02-4
IP7027	Other Procedure Code – 3	74C	70/19	837/2300/HI/BQ/03-2
IP7028	Other Procedure Date – 3	74C	70/20	837/2300/HI/D8/03-4
IP7029	Other Procedure Code – 4	74D	70/21	837/2300/HI/BQ/04-2
IP7030	Other Procedure Date – 4	74D	70/22	837/2300/HI/D8/04-4
IP7031	Other Procedure Code – 5	74E	70/23	837/2300/HI/BQ/05-2
IP7032	Other Procedure Date – 5	74E	70/24	837/2300/HI/D8/05-4
IP7033	Admitting Diagnosis Code	69	70/25	837/2300/HI/BJ/01-2
IP7034	External Cause of Injury (E-Code) - <u>1</u>	72A	70/26	837/2300/HI/BN/01-2
IP7034A	Present on Admission Indicator - <u>1</u>	72A (pos 8)	NA	No map 837/2300/HI/ /01-9
IP7035	External Cause of Injury (E-code) - 2	72B	NA	837/2300/HI/BN/02-2
IP7035A	Present on Admission Indicator - <u>2</u>	72B (pos 8)	NA	No map 837/2300/HI/ /02-9

**Appendix B-2
Maine Health Data Organization
Inpatient Data Record Type 71 Mapping to National Standards**

Data Element #	Data Element Name	UB-04 Form Locator	UB-92 (Version 4,5 & 6) Record Type/Field #	HIPAA Reference <u>ASC X12N/005010A1</u> Transaction Set/Loop/ Segment ID/Code Value/ Reference Designator
IP7101	Record Type	NA	NA	NA
IP7102	Sequence Number	NA	NA	NA
IP7103	Patient Control Number	3A	NA	837/2300/CLM//01
IP7104	Principal Diagnosis	67	NA	837/2300/HI/ABK/01-2
IP7105	Present On Admission Indicator	67 (pos 8)	NA	837/2300/HI//01-9
IP7106	Admitting Diagnosis	69	NA	837/2300/HI/ABJ/01-2
IP7107	Filler	NA	NA	NA
IP7108	Filler	NA	NA	NA
IP7109	Filler	NA	NA	NA
IP7110	Principal Procedure Code	74	NA	837/2300/HI/BBR/01-2
IP7111	Principal Procedure Date	74	NA	837/2300/HI/D8/01-4

**Appendix B-2
Maine Health Data Organization
Inpatient Data Record Type 72 Mapping to National Standards**

Data Element #	Data Element Name	UB-04 Form Locator	UB-92 (Version 4,5 & 6) Record Type/Field #	HIPAA Reference <u>ASC X12N/005010A1</u> Transaction Set/Loop/ Segment ID/Code Value/ Reference Designator
IP7201	Record Type	NA	NA	NA
IP7202	Sequence Number	NA	NA	NA
IP7203	Patient Control Number	3A	NA	837/2300/CLM//01
IP7204	Other Procedure Code - 1	74A	NA	837/2300/HI/BBQ/01-2
IP7205	Other Procedure Date - 1	74A	NA	837/2300/HI/D8/01-4
IP7206	Other Procedure Code - 2	74B	NA	837/2300/HI/BBQ/02-2
IP7207	Other Procedure Date - 2	74B	NA	837/2300/HI/D8/02-4
IP7208	Other Procedure Code - 3	74C	NA	837/2300/HI/BBQ/03-2
IP7209	Other Procedure Date - 3	74C	NA	837/2300/HI/D8/03-4
IP7210	Other Procedure Code - 4	74D	NA	837/2300/HI/BBQ/04-2
IP7211	Other Procedure Date - 4	74D	NA	837/2300/HI/D8/04-4
IP7212	Other Procedure Code - 5	74E	NA	837/2300/HI/BBQ/05-2
IP7213	Other Procedure Date - 5	74E	NA	837/2300/HI/D8/05-4
IP7214	Other Procedure Code - 6	NA	NA	837/2300/HI/BBQ/06-2
IP7215	Other Procedure Date - 6	NA	NA	837/2300/HI/D8/06-4
IP7216	Other Procedure Code - 7	NA	NA	837/2300/HI/BBQ/07-2
IP7217	Other Procedure Date - 7	NA	NA	837/2300/HI/D8/07-4
IP7218	Other Procedure Code - 8	NA	NA	837/2300/HI/BBQ/08-2
IP7219	Other Procedure Date - 8	NA	NA	837/2300/HI/D8/08-4

**Appendix B-2
Maine Health Data Organization
Inpatient Data Record Type 73 Mapping to National Standards**

Data Element #	Data Element Name	UB-04 Form Locator	UB-92 (Version 4,5 & 6) Record Type/Field #	HIPAA Reference <u>ASC X12N/005010A1</u> Transaction Set/Loop/ Segment ID/Code Value/ Reference Designator
IP7301	Record Type	NA	NA	NA
IP7302	Sequence Number	NA	NA	NA
IP7303	Patient Control Number	3A	NA	837/2300/CLM//01
IP7304	External Cause of Injury <u>Code - 1</u>	72A	NA	837/2300/HI/ABN/01-2
IP7305	Present On Admission Indicator - <u>1</u>	72A (pos 8)	NA	837/2300/HI//01-9
IP7306	External Cause of Injury <u>Code - 2</u>	72B	NA	837/2300/HI/ABN/02-2
IP7307	Present On Admission Indicator - <u>2</u>	72B (pos 8)	NA	837/2300/HI//02-9
IP7308	External Cause of Injury <u>Code - 3</u>	72C	NA	837/2300/HI/ABN/03-2
IP7309	Present On Admission Indicator - <u>3</u>	72C (pos 8)	NA	837/2300/HI//03-9
IP7310	External Cause of Injury <u>Code - 4</u>	NA	NA	837/2300/HI/ABN/04-2
IP7311	Present On Admission Indicator - <u>4</u>	NA	NA	837/2300/HI//04-9
IP7312	External Cause of Injury <u>Code - 5</u>	NA	NA	837/2300/HI/ABN/05-2
IP7313	Present On Admission Indicator - <u>5</u>	NA	NA	837/2300/HI//05-9
IP7314	External Cause of Injury <u>Code - 6</u>	NA	NA	837/2300/HI/ABN/06-2
IP7315	Present On Admission Indicator - <u>6</u>	NA	NA	837/2300/HI//06-9
IP7316	External Cause of Injury <u>Code - 7</u>	NA	NA	837/2300/HI/ABN/07-2
IP7317	Present On Admission Indicator - <u>7</u>	NA	NA	837/2300/HI//07-9
IP7318	External Cause of Injury <u>Code - 8</u>	NA	NA	837/2300/HI/ABN/08-2
IP7319	Present On Admission Indicator - <u>8</u>	NA	NA	837/2300/HI//08-9
IP7320	External Cause of Injury <u>Code - 9</u>	NA	NA	837/2300/HI/ABN/09-2
IP7321	Present On Admission Indicator - <u>9</u>	NA	NA	837/2300/HI//09-9
IP7322	External Cause of Injury <u>Code - 10</u>	NA	NA	837/2300/HI/ABN/10-2

**Appendix B-2
Maine Health Data Organization
Inpatient Data Record Type 73 Mapping to National Standards**

Data Element #	Data Element Name	UB-04 Form Locator	UB-92 (Version 4,5 & 6) Record Type/Field #	HIPAA Reference <u>ASC X12N/005010A1</u> Transaction Set/Loop/ Segment ID/Code Value/ Reference Designator
IP7323	Present On Admission Indicator - <u>10</u>	NA	NA	837/2300/HI//10-9
IP7324	External Cause of Injury <u>Code</u> - 11	NA	NA	837/2300/HI/ABN/11-2
IP7325	Present On Admission Indicator - <u>11</u>	NA	NA	837/2300/HI//11-9
IP7326	External Cause of Injury <u>Code</u> - 12	NA	NA	837/2300/HI/ABN/12-2
IP7327	Present On Admission Indicator - <u>12</u>	NA	NA	837/2300/HI//12-9

**Appendix B-2
Maine Health Data Organization
Inpatient Data Record Type 74 Mapping to National Standards**

Data Element #	Data Element Name	UB-04 Form Locator	UB-92 (Version 4,5 & 6) Record Type/Field #	HIPAA Reference <u>ASC X12N/005010A1</u> Transaction Set/Loop/ Segment ID/Code Value/ Reference Designator
IP7401	Record Type	NA	NA	NA
IP7402	Sequence Number	NA	NA	NA
IP7403	Patient Control Number	3A	NA	837/2300/CLM//01
IP7404	Other Diagnosis Code - 1	67A	NA	837/2300/HI/ABF/01-2
IP7405	Present On Admission Indicator - <u>1</u>	67A (pos 8)	NA	837/2300/HI//01-9
IP7406	Other Diagnosis Code - 2	67B	NA	837/2300/HI/ABF/02-2
IP7407	Present On Admission Indicator - <u>2</u>	67B (pos 8)	NA	837/2300/HI//02-9
IP7408	Other Diagnosis Code - 3	67C	NA	837/2300/HI/ABF/03-2
IP7409	Present On Admission Indicator - <u>3</u>	67C (pos 8)	NA	837/2300/HI//03-9
IP7410	Other Diagnosis Code - 4	67D	NA	837/2300/HI/ABF/04-2
IP7411	Present On Admission Indicator - <u>4</u>	67D (pos 8)	NA	837/2300/HI//04-9
IP7412	Other Diagnosis Code - 5	67E	NA	837/2300/HI/ABF/05-2
IP7413	Present On Admission Indicator - <u>5</u>	67E (pos 8)	NA	837/2300/HI//05-9
IP7414	Other Diagnosis Code - 6	67F	NA	837/2300/HI/ABF/06-2
IP7415	Present On Admission Indicator - <u>6</u>	67F (pos 8)	NA	837/2300/HI//06-9
IP7416	Other Diagnosis Code - 7	67G	NA	837/2300/HI/ABF/07-2
IP7417	Present On Admission Indicator - <u>7</u>	67G (pos 8)	NA	837/2300/HI//07-9
IP7418	Other Diagnosis Code - 8	67H	NA	837/2300/HI/ABF/08-2
IP7419	Present On Admission Indicator - <u>8</u>	67H (pos 8)	NA	837/2300/HI//08-9
IP7420	Other Diagnosis Code - 9	67I	NA	837/2300/HI/ABF/09-2
IP7421	Present On Admission Indicator - <u>9</u>	67I (pos 8)	NA	837/2300/HI//09-9
IP7422	Other Diagnosis Code - 10	67J	NA	837/2300/HI/ABF/10-2

**Appendix B-2
Maine Health Data Organization
Inpatient Data Record Type 74 Mapping to National Standards**

Data Element #	Data Element Name	UB-04 Form Locator	UB-92 (Version 4,5 & 6) Record Type/Field #	HIPAA Reference <u>ASC X12N/005010A1</u> Transaction Set/Loop/ Segment ID/Code Value/ Reference Designator
IP7423	Present On Admission Indicator - <u>10</u>	67J (pos 8)	NA	837/2300/HI//10-9
IP7424	Other Diagnosis Code - 11	67K	NA	837/2300/HI/ABF/11-2
IP7425	Present On Admission Indicator - <u>11</u>	67K (pos 8)	NA	837/2300/HI//11-9
IP7426	Other Diagnosis Code - 12	67L	NA	837/2300/HI/ABF/12-2
IP7427	Present On Admission Indicator - <u>12</u>	67L (pos 8)	NA	837/2300/HI//12-9

**Appendix B-2
Maine Health Data Organization
Inpatient Data Record Type 80 Mapping to National Standards**

Data Element #	Data Element Name	UB-04 Form Locator	UB-92 (Version 4,5 & 6) Record Type/Field #	HIPAA Reference <u>ASC X12N/005010A1</u> Transaction Set/Loop/ Segment ID/Code Value/ Reference Designator
IP8001	Record Type	NA	80/4	NA
IP8002	Sequence	NA	80/2	NA
IP8003	Patient Control Number	3A	80/3	837/2300/CLM/01
IP8004	Attending Physician <u>Provider</u> Number NPI	76	80/5	837/2310A/NM1/71/1/XX/09
IP8005	Operating Physician <u>Provider</u> Number NPI	77	80/6	837/2310B/NM1/72/1/XX/09
IP8006	Attending Physician <u>Provider</u> Last Name	76	80/9	837/2310A/NM1/71/1/03
IP8007	Attending Physician <u>Provider</u> First Name	76	80/9	837/2310A/NM1/71/1/04
IP8008	Attending Physician <u>Provider</u> Middle Initial	76	80/9	837/2310A/NM1/71/1/05
IP8009	Operating Physician <u>Provider</u> Last Name	77	80/10	837/2310B/NM1/72/1/03
IP8010	Operating Physician <u>Provider</u> First Name	77	80/11	837/2310B/NM1/72/1/04
IP8011	Operating Physician <u>Provider</u> Middle Initial	77	80/12	837/2310B/NM1/72/1/05

**Appendix B-2
Maine Health Data Organization
Inpatient Data Record Type 90 Mapping to National Standards**

Data Element #	Data Element Name	UB-04 Form Locator	UB-92 (Version 4,5 & 6) Record Type/Field #	HIPAA Reference <u>ASC X12N/005010A1</u> Transaction Set/Loop/ Segment ID/Code Value/ Reference Designator
IP9001	Record Type	NA	90/4	NA
IP9002	Filler (National Use)	NA	NA	NA
IP9003	Patient Control Number	3A	90/3	837/2300/CLM/ /01
IP9004	Total Accommodation Charges - Revenue Centers	NA	90/13	This is the total of the SV2 segments with the exception of Revenue Code 001
IP9005	Total Ancillary Charges - Revenue Centers	NA	90/15	This is the total of the SV2 segments with the exception of Revenue Code 001

**Appendix B-2
Maine Health Data Organization
Inpatient Data Record Type 99 Mapping to National Standards**

Data Element #	Data Element Name	UB-04 Form Locator	UB-92 (Version 4,5 & 6) Record Type/Field #	HIPAA Reference <u>ASC X12N/005010A1</u> Transaction Set/Loop/ Segment ID/Code Value/ Reference Designator
IP9901	Record Type	NA	99/4	NA

**Appendix C-1
Maine Health Data Organization
Outpatient Data Submission Specifications
General**

Physical record must be 192 characters in length.

The record types in the file must be in the following order:

- Record Type 01 – Processor Data
- Record Type 20 Sequence 01 – Patient Data
- Record Type 30 Sequence 01 – Third Party Payer Data Primary Payer
- Record Type 30 Sequence 02 – Third Party Payer Secondary Payer Required if secondary payer
- Record Type 40 – Claim Data
- Record Type 61 – Outpatient Procedures
- Record Type 70 – Medical Data
- Record Type 71 – ICD-10 CM Principal and Reason for Visit Diagnosis Codes, ICD-10 PCS Principal Procedure Code
- Record Type 72 – ICD-10 PCS Other Procedure Codes
- Record Type 73 – ICD-10 CM External Cause of Injury Diagnosis Codes
- Record Type 74 – ICD-10 CM Other Diagnosis Information
- Record Type 80 – ~~Physician~~ Provider Data
- Record Type 90 – Claim Control Screen
- Record Type 99 – File Control

The individual claim begins with Record Type 20 and ends with Record Type 90.

The patient control number must be the same on each record type generated for a single patient record.

The medical record number should not be substituted for the patient control number.

**Appendix C-1
Maine Health Data Organization
Outpatient Data Submission Specifications
Record Type 01 - Processor Data
Version ~~040~~ - ~~050~~ - ~~060~~**

Data Element #	Data Element	Implementation Date for New Data Elements	Type	Length	Description/Codes/Sources
OP0101	Record Type		AN <u>I</u>	2	01
OP0102	Submitter EIN		AN <u>I</u>	6	Must be the <u>MHDO-assigned</u> , 6-digit hospital code If filing for a facility in a different service area, a code is assigned by the MHDO
OP0198	Filler		AN <u>I</u>	38	
OP0103	Submitter Name		AN <u>I</u>	21	Assigned by the editing software
OP0104	Address		AN <u>I</u>	18	
OP0105	City		AN <u>I</u>	15	
OP0106	State		AN <u>I</u>	2	
OP0107	Zip Code		AN <u>I</u>	9	
OP0199	Filler		AN <u>I</u>	78	
OP0108	Version-Code		AN <u>I</u>	3	040, 050 or 060 Leave blank

**Appendix C-1
Maine Health Data Organization
Outpatient Data Submission Specifications
Record Type 20 - Patient Data
Version 040**

Data Element #	Data Element	Implementation Date for New Data Elements	Type	Length	Description/Codes/Sources
OP2001	Record Type		AN	2	20
OP2002	Filler (National Use)		AN	2	
OP2003	Patient Control Number		AN	20	Assigned by the facility
OP2094	Filler		AN	30	
OP2004	Patient Gender		AN	4	M = Male F = Female U = Unknown
OP2005	Patient Birth Date		Date	8	MMDDCCYY
OP2095	Filler		AN	2	
OP2007	Source of Admission		AN	4	
OP2096	Filler		AN	36	
OP2008	Patient City		AN	15	
OP2009	Patient State		AN	2	
OP2010	Patient Zip Code		AN	9	As defined by US Postal Service Do not include dashes
OP2011	Admission/Start of Care		N	6	MMDDYY
OP2097	Filler		AN	2	
OP2012	Statement Covers Period – From		N	6	The beginning service date for the period included on the record – MMDDYY
OP2013	Statement Covers Period – Thru		N	6	The ending service date for the period included on the record – MMDDYY
OP2014	Patient Status		N	2	
OP2098	Filler		AN	22	

**Appendix C-1
Maine Health Data Organization
Outpatient Data Submission Specifications
Record Type 20 - Patient Data
Version 040**

Data Element #	Data Element	Implementation Date for New Data Elements	Type	Length	Description/Codes/Sources
OP2015	Medical Record Number		AN	17	Assigned by the facility
OP2016	Race	March 1, 2007	AN	4	1 = American Indian or Alaska Native 2 = Asian 3 = Black or African American 4 = Native Hawaiian or Other Pacific Islander 5 = White 6 = Other Race 7 = Patient Elected Not to Answer 8 = Unknown
OP2017	Ethnicity	March 1, 2007	AN	4	1 = Hispanic or Latino 2 = Non-Hispanic or Non-Latino 8 = Unknown
OP2099	Filler		AN	4	

**Appendix C-1
Maine Health Data Organization
Outpatient Data Submission Specifications
Record Type 20 - Patient Data
Version 050 and 060**

Data Element #	Data Element	Implementation Date for New Data Elements	Type	Length	Description/Codes/Sources
OP2001	Record Type		<u>AN</u>	2	20
OP2002	Filler (National Use)		<u>AN</u>	2	
OP2003	Patient Control Number		<u>AN</u>	20	Assigned by the facility
OP2094	Filler		<u>AN</u>	30	
OP2004	Patient <u>Sex</u> Gender		<u>AN</u>	1	M = Male F = Female U = Unknown
OP2005	Patient Birth Date		<u>NA</u>	8	CCYYMMDD
OP2095	Filler		<u>AN</u>	2	
OP2007	Source of Admission <u>Point of Origin for Admission or Visit</u>		<u>AN</u>	1	
OP2096	Filler		<u>AN</u>	30	
OP2008	Patient City		<u>AN</u>	15	
OP2009	Patient State		<u>AN</u>	2	
OP2010	Patient Zip Code		<u>AN</u>	9	As defined by US Postal Service Do not include dashes
OP2011	Admission/Start of Care <u>Date</u>		<u>NA</u>	8	CCYYMMDD
OP2097	Filler		<u>AN</u>	2	
OP2012	Statement Covers Period – From		<u>NA</u>	8	The beginning service date for the period covered on the record CCYYMMDD
OP2013	Statement Covers Period – Thru		<u>NA</u>	8	The ending service date for the period covered on the record CCYYMMDD
OP2014	Patient <u>Discharge</u> Status		N	2	

**Appendix C-1
Maine Health Data Organization
Outpatient Data Submission Specifications
Record Type 20 - Patient Data
Version 050 and 060**

Data Element #	Data Element	Implementation Date for New Data Elements	Type	Length	Description/Codes/Sources
OP2098	Filler		AN <u>I</u>	22	
OP2015	Medical/ <u>Health</u> Record Number		AN <u>I</u>	17	Assigned by the facility
OP2016	Race	March 1, 2007	AN <u>I</u>	1	1 = American Indian or Alaska Native 2 = Asian 3 = Black or African American 4 = Native Hawaiian or Other Pacific Islander 5 = White 6 = Other Race 7 = Patient Elected Not to Answer 8 = Unknown
OP2017	Ethnicity	March 1, 2007	AN <u>I</u>	1	1 = Hispanic or Latino 2 = Non-Hispanic or Non-Latino 8 = Unknown
OP2099	Filler		AN <u>I</u>	1	

**Appendix C-1
Maine Health Data Organization
Outpatient Data Submission Specifications
Record Type 30 - Payer
Version 040, 050 and 060**

Data Element #	Data Element	Implementation Date for New Data Elements	Type	Length	Description/Codes/Sources
OP3001	Record Type		AN <u>I</u>	2	30
OP3002	Sequence Number		N <u>I</u>	2	01 = Primary Payer 02 = Secondary Payer
OP3003	Patient Control Number		AN <u>I</u>	20	Assigned by the facility
OP3095	Filler		AN <u>I</u>	1	
OP3004	Payer Identification Number	January 1, 2006	AN <u>I</u>	5	Code that uniquely identifies each payer
OP3096	Filler		AN <u>I</u>	4	
OP3005	Social Security Number	April 1, 2006	AN <u>I</u>	19	Do not include dashes For internal use only – Required if collected
OP3097	Filler		AN <u>I</u>	2	
OP3006	Payer Name		AN <u>I</u>	23	
OP3098	Filler		AN <u>I</u>	1	
OP3007	Insurance <u>Insured's Group Number</u>	April 1, 2006	AN <u>I</u>	17	For internal use only – Required if collected
OP3008	Insurance Policy Number <u>Insured's Unique Identifier</u>		AN <u>I</u>	20	For internal use only – Required if collected
OP3099	Filler		AN <u>I</u>	76	

**Appendix C-1
Maine Health Data Organization
Outpatient Data Submission Specifications
Record Type 40 - Claim Data
Version 040, 050 and 060**

Data Element #	Data Element	Implementation Date for New Data Elements	Type	Length	Description/Codes/Sources
OP4001	Record Type		ANI	2	40
OP4002	Sequence Number		NI	2	01
OP4003	Patient Control Number		ANI	20	Assigned by the facility
OP4004	Type of Bill		ANI	3	Code indicating the specific type of bill
OP4005	Location of Service		ANI	10	To be used by those facilities that wish to report physician office/clinic data on the same file as facility data.
OP4099	Filler		ANI	155	

**Appendix C-1
Maine Health Data Organization
Outpatient Data Submission Specifications
Record Type 61 - Outpatient Procedure
Version 040 and 050**

Data Element #	Data Element	Implementation Date for New Data Elements	Type	Length	Description/Codes/Sources
OP6101	Record Type		AN	2	61
OP6102	Sequence Number		N	2	01 to 99
OP6103	Patient Control Number		AN	20	Assigned by the facility
OP6104	Revenue Center Code #1		N	4	Code which identifies a specific ancillary service, supplies, professional fees on billing calculation
OP6105	HCPCS Procedure Code #1		AN	5	Health Care Common Procedural Coding System (HCPCS). This includes the CPT code of the American Medical Association
OP6106	Modifier – 1 (HCPCS & CPT-4) #1		AN	2	Procedure modifier required when a modifier clarifies/improves the reporting accuracy of the associated procedure code
OP6107	Modified – 2 (HCPCS & CPT-4) #1		AN	2	Procedure modifier required when a modifier clarifies/improves the reporting accuracy of the associated procedure code
OP6108	Units of Service #1		N	7	Quantitative measure of services rendered by the Revenue Center
OP6191	Filler		AN	6	
OP6109	Outpatient Total Charges #1		N	10	Negative charges not accepted Two decimal places implied
OP6192	Filler		AN	10	
OP6110	Date of Service #1		N	8	The date that the indicated outpatient service, supplies, etc. were provided. Must be equal to or greater than statement covers date “from” and less than or equal to statement covers date “thru”. CCYYMMDD

**Appendix C-1
Maine Health Data Organization
Outpatient Data Submission Specifications
Record Type 61 - Outpatient Procedure
Version 040 and 050**

Data Element #	Data Element	Implementation Date for New Data Elements	Type	Length	Description/Codes/Sources
OP6193	Filler		AN	2	
OP6111	Revenue Center Code #2		N	4	Code which identifies a specific ancillary service, supplies, professional fees on billing calculation.
OP6112	HCPCS Procedure Code #2		AN	5	Health Care Common Procedural Coding System (HCPCS) This includes the CPT code of the American Medical Association
OP6113	Modifier – 1 (HCPCS & CPT-4) #2		AN	2	Procedure modifier required when a modifier clarifies/improves the reporting accuracy of the associated procedure code
OP6114	Modified – 2 (HCPCS & CPT-4) #2		AN	2	Procedure modifier required when a modifier clarifies/improves the reporting accuracy of the associated procedure code
OP6115	Units of Service #2		N	7	A quantitative measure of services rendered by the Revenue Center
OP6194	Filler		AN	6	
OP6116	Outpatient Total Charges #2		N	10	Negative charges not accepted Two decimal places implied
OP6195	Filler		AN	10	
OP6117	Date of Service #2		N	8	The date that the indicated outpatient service, supplies, etc. were provided. Must be equal to or greater than statement covers date “from” and less than or equal to statement covers date “thru” CCYYMMDD
OP6196	Filler		AN	2	
OP6118	Revenue Center Code #3		N	4	Code which identifies a specific ancillary service, supplies, professional fees on billing calculation.

**Appendix C-1
Maine Health Data Organization
Outpatient Data Submission Specifications
Record Type 61 - Outpatient Procedure
Version 040 and 050**

Data Element #	Data Element	Implementation Date for New Data Elements	Type	Length	Description/Codes/Sources
OP6119	HCPSC Procedure Code #3		AN	5	Health Care Common Procedural Coding System (HCPSC) This includes the CPT code of the American Medical Association
OP6120	Modifier – 1 (HCPSC & CPT-4) #3		AN	2	Procedure modifier required when a modifier clarifies/improves the reporting accuracy of the associated procedure code
OP6121	Modifier – 2 (HCPSC & CPT-4) #3		AN	2	Procedure modifier required when a modifier clarifies/improves the reporting accuracy of the associated procedure code
OP6122	Units of Service #3		N	7	A quantitative measure of services rendered by the Revenue Center
OP6197	Filler		AN	6	
OP6123	Outpatient Total Charges #3		N	10	Negative charges not accepted Two decimal places implied
OP6198	Filler		AN	10	
OP6124	Date of Service #3		N	8	The date that the indicated outpatient service, supplies, etc. were provided. Must be equal to or greater than statement covers date “from” and less than or equal to statement covers date “thru” CCYYMMDD
OP6199	Filler		AN	2	

Sequence numbers go from 01 to 99 with 3 revenue centers on each physical record makes it possible to have 297 revenue centers on a single logical record. The last revenue center code must be the 0001 code which contains the total of all the line item charges. The total charge reported on the revenue code 0001 must equal the total ancillary charges reported on record type 90 and must equal the summation of all line item charges reported on the logical record.

**Appendix C-1
Maine Health Data Organization
Outpatient Data Submission Specifications
Record Type 61 - Outpatient Procedure
Version 060**

Data Element #	Data Element	Implementation Date for New Data Elements	Type	Length	Description/Codes/Sources
OP6101	Record Type		AN <u>I</u>	2	61
OP6102	Sequence Number		N <u>I</u>	3	001 to 999
OP6103	Patient Control Number		AN <u>I</u>	20	Assigned by the facility
OP6190	Filler		AN <u>I</u>	2	
OP6104	Revenue Center Code - 1		N <u>I</u>	4	Code which identifies a specific ancillary service, supplies, professional fees on billing calculation.
OP6105	HCPCS Procedure Code - 1		AN <u>I</u>	5	Health Care Common Procedural Coding System (HCPCS) This includes the CPT code of the American Medical Association
OP6106	Modifier – 1 (HCPCS & CPT-4) - 1		AN <u>I</u>	2	Procedure modifier required when a modifier clarifies/improves the reporting accuracy of the associated procedure code
OP6107	Modifier – 2 (HCPCS & CPT-4) - 1		AN <u>I</u>	2	Procedure modifier required when a modifier clarifies/improves the reporting accuracy of the associated procedure code
OP6108	Units of Service <u>Units</u> - 1		N	7	A quantitative measure of services rendered by the Revenue Center
OP6191	Filler		AN <u>I</u>	6	
OP6109	Outpatient Total Charges - 1		N	10	Negative charges not accepted Two decimal places implied
OP6192	Filler		AN <u>I</u>	10	

**Appendix C-1
Maine Health Data Organization
Outpatient Data Submission Specifications
Record Type 61 - Outpatient Procedure
Version 060**

Data Element #	Data Element	Implementation Date for New Data Elements	Type	Length	Description/Codes/Sources
OP6110	Date of Service <u>Date</u> - 1		<u>N</u> <u>N</u>	8	The date that the indicated outpatient service, supplies, etc. were provided. Must be equal to or greater than statement covers date "from" and less than or equal to statement covers date "thru". CCYYMMDD
OP6193	Filler		<u>A</u> <u>N</u> <u>T</u>	1	
OP6111	Revenue Center Code - 2		<u>N</u> <u>T</u>	4	Code which identifies a specific ancillary service, supplies, professional fees on billing calculation.
OP6112	HCPCS Procedure Code - 2		<u>A</u> <u>N</u> <u>T</u>	5	Health Care Common Procedural Coding System (HCPCS) This includes the CPT code of the American Medical Association
OP6113	Modifier – 1 (HCPCS & CPT-4) - 2		<u>A</u> <u>N</u> <u>T</u>	2	Procedure modifier required when a modifier clarifies/improves the reporting accuracy of the associated procedure code
OP6114	Modifier – 2 (HCPCS & CPT-4) - 2		<u>A</u> <u>N</u> <u>T</u>	2	Procedure modifier required when a modifier clarifies/improves the reporting accuracy of the associated procedure code
OP6115	Units of Service <u>Units</u> - 2		N	7	A quantitative measure of services rendered by the Revenue Center
OP6194	Filler		<u>A</u> <u>N</u> <u>T</u>	6	
OP6116	Outpatient Total Charges - 2		N	10	Negative charges not accepted Two decimal places implied
OP6195	Filler		<u>A</u> <u>N</u> <u>T</u>	10	

**Appendix C-1
Maine Health Data Organization
Outpatient Data Submission Specifications
Record Type 61 - Outpatient Procedure
Version 060**

Data Element #	Data Element	Implementation Date for New Data Elements	Type	Length	Description/Codes/Sources
OP6117	Date of Service <u>Date</u> - 2		<u>N</u> <u>N</u>	8	The date that the indicated outpatient service, supplies, etc. were provided. Must be equal to or greater than statement covers date "from" and less than or equal to statement covers date "thru" CCYYMMDD
OP6196	Filler		<u>A</u> <u>N</u> <u>T</u>	1	
OP6118	Revenue Center Code - 3		<u>N</u> <u>T</u>	4	Code which identifies a specific ancillary service, supplies, professional fees on billing calculation.
OP6119	HCPCS Procedure Code - 3		<u>A</u> <u>N</u> <u>T</u>	5	Health Care Common Procedural Coding System (HCPCS) This includes the CPT code of the American Medical Association
OP6120	Modifier – 1 (HCPCS & CPT-4) - 3		<u>A</u> <u>N</u> <u>T</u>	2	Procedure modifier required when a modifier clarifies/improves the reporting accuracy of the associated procedure code
OP6121	Modifier – 2 (HCPCS & CPT-4) - 3		<u>A</u> <u>N</u> <u>T</u>	2	Procedure modifier required when a modifier clarifies/improves the reporting accuracy of the associated procedure code
OP6122	Units of Service <u>Units</u> - 3		N	7	A quantitative measure of services rendered by the Revenue Center
OP6197	Filler		<u>A</u> <u>N</u> <u>T</u>	6	
OP6123	Outpatient Total Charges - 3		N	10	Negative charges not accepted Two decimal places implied
OP6198	Filler		<u>A</u> <u>N</u> <u>T</u>	10	

**Appendix C-1
Maine Health Data Organization
Outpatient Data Submission Specifications
Record Type 61 - Outpatient Procedure
Version 060**

Data Element #	Data Element	Implementation Date for New Data Elements	Type	Length	Description/Codes/Sources
OP6124	Date of Service <u>Date</u> - 3		<u>NAN</u>	8	The date that the indicated outpatient service, supplies, etc. were provided. Must be equal to or greater than statement covers date "from" and less than or equal to statement covers date "thru" CCYYMMDD
OP6199	Filler		<u>ANT</u>	1	

Sequence numbers go from 001 to 999 with 3 revenue centers on each physical record makes it possible to have 2,997 revenue centers on a single logical record. The last revenue center code must be the 0001 code which contains the total of all the line item charges. The total charge reported on the revenue code 0001 must equal the total ancillary charges reported on record type 90 and must equal the summation of all line item charges reported on the logical record.

**Appendix C-1
Maine Health Data Organization
Outpatient Data Submission Specifications
Record Type 70 - Medical Data
Version 040**

Data Element #	Data Element	Implementation Date for New Data Elements	Type	Length	Description/Codes/Sources
OP7001	Record Type		AN	2	70
OP7002	Sequence Number		N	2	01
OP7003	Patient Control Number		AN	20	Assigned by the facility
OP7004	Principal Diagnosis Code		AN	6	ICD9-CM — Do not code decimal point — Left Justified
OP7005	Other Diagnosis Code — 1		AN	6	ICD9-CM — Do not code decimal point — Left Justified
OP7006	Other Diagnosis Code — 2		AN	6	ICD9-CM — Do not code decimal point — Left Justified
OP7007	Other Diagnosis Code — 3		AN	6	ICD9-CM — Do not code decimal point — Left Justified
OP7008	Other Diagnosis Code — 4		AN	6	ICD9-CM — Do not code decimal point — Left Justified
OP7009	Other Diagnosis Code — 5		AN	6	ICD9-CM — Do not code decimal point — Left Justified
OP7010	Other Diagnosis Code — 6		AN	6	ICD9-CM — Do not code decimal point — Left Justified
OP7011	Other Diagnosis Code — 7		AN	6	ICD9-CM — Do not code decimal point — Left Justified
OP7012	Other Diagnosis Code — 8		AN	6	ICD9-CM — Do not code decimal point — Left Justified
OP7013	Principal Procedure Code (optional)		AN	7	ICD9-CM — Do not code decimal point — Left Justified
OP7014	Principal Procedure Date (optional)		N	6	MMDDYY
OP7015	Other Procedure Code — 1 (optional)		AN	7	ICD9-CM — Do not code decimal point — Left Justified
OP7016	Other Procedure Date — 1 (optional)		N	6	MMDDYY
OP7017	Other Procedure Code — 2 (optional)		AN	7	ICD9-CM — Do not code decimal point — Left Justified
OP7018	Other Procedure Date — 2 (optional)		N	6	MMDDYY
OP7019	Other Procedure Code — 3 (optional)		AN	7	ICD9-CM — Do not code decimal point — Left Justified
OP7020	Other Procedure Date — 3 (optional)		N	6	MMDDYY
OP7021	Other Procedure Code — 4 (optional)		AN	7	ICD9-CM — Do not code decimal point — Left Justified

**Appendix C-1
Maine Health Data Organization
Outpatient Data Submission Specifications
Record Type 70 - Medical Data
Version 040**

Data Element #	Data Element	Implementation Date for New Data Elements	Type	Length	Description/Codes/Sources
OP7022	Other Procedure Date – 4 (optional)		N	6	MMDDYY
OP7023	Other Procedure Code – 5 (optional)		AN	7	ICD9-CM – Do not code decimal point – Left Justified
OP7024	Other Procedure Date – 5 (optional)		N	6	MMDDYY
OP7025	Patient’s Reason for Visit		AN	6	Required for all unscheduled outpatient visits when revenue code 45X, 516 or 526 are present
OP7026	External Cause of Injury (E-code)		AN	6	ICD9-CM – Do not code decimal point – Left Justified Describes the external causes of injury, poisoning or adverse effect
OP7027	External Cause of Injury (E-code) #2	April 1, 2009	AN	6	ICD9-CM – Do not code decimal point – Left Justified Describes the external causes of injury, poisoning or adverse effect
OP7099	Filler		AN	18	

Note: E-codes, when applicable, must be reported in the E-code field. If there are additional E-codes they can be reported in one of the 8 other diagnosis code fields.
DO NOT DUPLICATE E-CODES.

**Appendix C-1
Maine Health Data Organization
Outpatient Data Submission Specifications
Record Type 70 - Medical Data
Version 050 and 060**

Data Element #	Data Element	Implementation Date for New Data Elements	Type	Length	Description/Codes/Sources
OP7001	Record Type		AN <u>I</u>	2	70
OP7002	Sequence Number		N <u>I</u>	2	01
OP7003	Patient Control Number		AN <u>I</u>	20	Assigned by the facility
OP7004	Principal Diagnosis Code		AN <u>I</u>	6	ICD9-CM - Do not code decimal point - Left Justified
OP7005	Other Diagnosis Code - 1		AN <u>I</u>	6	ICD9-CM - Do not code decimal point - Left Justified
OP7006	Other Diagnosis Code - 2		AN <u>I</u>	6	ICD9-CM - Do not code decimal point - Left Justified
OP7007	Other Diagnosis Code - 3		AN <u>I</u>	6	ICD9-CM - Do not code decimal point - Left Justified
OP7008	Other Diagnosis Code - 4		AN <u>I</u>	6	ICD9-CM - Do not code decimal point - Left Justified
OP7009	Other Diagnosis Code - 5		AN <u>I</u>	6	ICD9-CM - Do not code decimal point - Left Justified
OP7010	Other Diagnosis Code - 6		AN <u>I</u>	6	ICD9-CM - Do not code decimal point - Left Justified
OP7011	Other Diagnosis Code - 7		AN <u>I</u>	6	ICD9-CM - Do not code decimal point - Left Justified
OP7012	Other Diagnosis Code - 8		AN <u>I</u>	6	ICD9-CM - Do not code decimal point - Left Justified
OP7013	Principal Procedure Code (optional)		AN <u>I</u>	7	ICD9-CM - Do not code decimal point - Left Justified
OP7014	Principal Procedure Date (optional)		NAN	8	CCYYMMDD
OP7015	Other Procedure Code – 1 (optional)		AN <u>I</u>	7	ICD9-CM - Do not code decimal point - Left Justified
OP7016	Other Procedure Date – 1 (optional)		NAN	8	CCYYMMDD
OP7017	Other Procedure Code – 2 (optional)		AN <u>I</u>	7	ICD9-CM - Do not code decimal point - Left Justified
OP7018	Other Procedure Date – 2 (optional)		NAN	8	CCYYMMDD
OP7019	Other Procedure Code – 3 (optional)		AN <u>I</u>	7	ICD9-CM - Do not code decimal point - Left Justified
OP7020	Other Procedure Date – 3 (optional)		NAN	8	CCYYMMDD
OP7021	Other Procedure Code – 4 (optional)		AN <u>I</u>	7	ICD9-CM - Do not code decimal point - Left Justified

**Appendix C-1
Maine Health Data Organization
Outpatient Data Submission Specifications
Record Type 70 - Medical Data
Version 050 and 060**

Data Element #	Data Element	Implementation Date for New Data Elements	Type	Length	Description/Codes/Sources
OP7022	Other Procedure Date – 4 (optional)		Date AN	8	CCYYMMDD
OP7023	Other Procedure Code – 5 (optional)		AN <u>I</u>	7	ICD9-CM - Do not code decimal point - Left Justified
OP7024	Other Procedure Date – 5 (optional)		NAN	8	CCYYMMDD
OP7025	Patient's Reason for Visit		AN <u>I</u>	6	Required for all unscheduled outpatient visits when revenue code <u>045X</u> , <u>0516</u> or <u>0526</u> are present
OP7026	External Cause of Injury (E- code) - <u>1</u>		AN <u>I</u>	6	ICD9-CM - Do not code decimal point - Left Justified Describes the external causes of injury, poisoning or adverse effect
OP7027	External Cause of Injury (E-code) - <u>2</u>	April 1, 2009	AN <u>I</u>	6	ICD9-CM - Do not code decimal point - Left Justified Describes the external causes of injury, poisoning or adverse effect
OP7099	Filler		AN <u>I</u>	6	

Note: E-codes when applicable must be reported in the E-Code field. If there are additional e-codes they can be reported in one of the 8 other diagnosis code fields.
DO NOT DUPLICATE E-CODES.

Appendix C-1
Maine Health Data Organization
Outpatient Data Submission Specifications
Record Type 71 - ICD-10 CM Principal and Reason for Visit Diagnosis Codes, ICD-10 PCS Principal Procedure Code
Version 040, 050 and 060

Data Element #	Data Element	Implementation Date for New Data Elements	Type	Length	Description/Codes/Sources
OP7101	Record Type	10/1/2014	<u>ANT</u>	2	71
OP7102	Sequence Number	10/1/2014	<u>NT</u>	2	01
OP7103	Patient Control Number	10/1/2014	<u>ANT</u>	20	Assigned by facility
OP7104	Principal Diagnosis	10/1/2014	<u>ANT</u>	10	ICD-10 CM - do not code decimal point - Left Justified
OP7105	Filler		<u>ANT</u>	3	
OP7106	Filler		<u>ANT</u>	10	
OP7107	Reason for Visit Diagnosis - 1	10/1/2014	<u>ANT</u>	10	ICD-10 CM - do not code decimal point - Left Justified
OP7108	Reason for Visit Diagnosis - 2	10/1/2014	<u>ANT</u>	10	ICD-10 CM - do not code decimal point - Left Justified
OP7109	Reason for Visit Diagnosis - 3	10/1/2014	<u>ANT</u>	10	ICD-10 CM - do not code decimal point - Left Justified
OP7110	Principal Procedure Code	10/1/2014	<u>ANT</u>	10	ICD-10 PCS - do not code decimal point - Left Justified
OP7111	Principal Procedure Date	10/1/2014	AN	8	CCYYMMDD

Appendix C-1
Maine Health Data Organization
Outpatient Data Submission Specifications
Record Type 72 - ICD-10 PCS Other Procedure Codes
Version 040, 050 and 060

Data Element #	Data Element Name	Implementation Date For New Data Elements	Type	Length	Description
OP7201	Record Type	10/1/2014	<u>ANT</u>	2	7172
OP7202	Sequence Number	10/1/2014	<u>NT</u>	2	01 - 03
OP7203	Patient Control Number	10/1/2014	<u>ANT</u>	20	Assigned by facility
OP7204	Other Procedure Code - 1	10/1/2014	<u>ANT</u>	10	ICD-10 PCS - do not code decimal point - Left Justified
OP7205	Other Procedure Date - 1	10/1/2014	<u>NAN</u>	8	CCYYMMDD
OP7206	Other Procedure Code - 2	10/1/2014	<u>ANT</u>	10	ICD-10 PCS - do not code decimal point - Left Justified
OP7207	Other Procedure Date - 2	10/1/2014	<u>NAN</u>	8	CCYYMMDD
OP7208	Other Procedure Code - 3	10/1/2014	<u>ANT</u>	10	ICD-10 PCS - do not code decimal point - Left Justified
OP7209	Other Procedure Date - 3	10/1/2014	<u>NAN</u>	8	CCYYMMDD
OP7210	Other Procedure Code - 4	10/1/2014	<u>ANT</u>	10	ICD-10 PCS - do not code decimal point - Left Justified
OP7211	Other Procedure Date - 4	10/1/2014	<u>NAN</u>	8	CCYYMMDD
OP7212	Other Procedure Code - 5	10/1/2014	<u>ANT</u>	10	ICD-10 PCS - do not code decimal point - Left Justified
OP7213	Other Procedure Date - 5	10/1/2014	<u>NAN</u>	8	CCYYMMDD
OP7214	Other Procedure Code - 6	10/1/2014	<u>ANT</u>	10	ICD-10 PCS - do not code decimal point - Left Justified
OP7215	Other Procedure Date - 6	10/1/2014	<u>NAN</u>	8	CCYYMMDD
OP7216	Other Procedure Code - 7	10/1/2014	<u>ANT</u>	10	ICD-10 PCS - do not code decimal point - Left Justified
OP7217	Other Procedure Date - 7	10/1/2014	<u>NAN</u>	8	CCYYMMDD
OP7218	Other Procedure Code - 8	10/1/2014	<u>ANT</u>	10	ICD-10 PCS - do not code decimal point - Left Justified
OP7219	Other Procedure Date - 8	10/1/2014	<u>NAN</u>	8	CCYYMMDD

Appendix C-1
Maine Health Data Organization
Outpatient Data Submission Specifications
Record Type 73 - ICD-10 CM External Cause of Injury Diagnosis Codes
Version 040, 050 and 060

Data Element #	Data Element Name	Implementation Date For New Data Elements	Type	Length	Description
OP7301	Record Type	10/1/2014	ANT	2	7473
OP7302	Sequence Number	10/1/2014	NT	2	01 - 02
OP7303	Patient Control Number	10/1/2014	ANT	20	Assigned by facility
OP7304	External Cause of Injury - 1	10/1/2014	ANT	10	ICD-10 CM - do not code decimal point - Left Justified
OP7305	Filler		ANT	3	
OP7306	External Cause of Injury - 2	10/1/2014	ANT	10	ICD-10 CM - do not code decimal point - Left Justified
OP7307	Filler		ANT	3	
OP7308	External Cause of Injury - 3	10/1/2014	ANT	10	ICD-10 CM - do not code decimal point - Left Justified
OP7309	Filler		ANT	3	
OP7310	External Cause of Injury - 4	10/1/2014	ANT	10	ICD-10 CM - do not code decimal point - Left Justified
OP7311	Filler		ANT	3	
OP7312	External Cause of Injury - 5	10/1/2014	ANT	10	ICD-10 CM - do not code decimal point - Left Justified
OP7313	Filler		ANT	3	
OP7314	External Cause of Injury - 6	10/1/2014	ANT	10	ICD-10 CM - do not code decimal point - Left Justified
OP7315	Filler		ANT	3	
OP7316	External Cause of Injury - 7	10/1/2014	ANT	10	ICD-10 CM - do not code decimal point - Left Justified
OP7317	Filler		ANT	3	
OP7318	External Cause of Injury - 8	10/1/2014	ANT	10	ICD-10 CM - do not code decimal point - Left Justified
OP7319	Filler		ANT	3	
OP7320	External Cause of Injury - 9	10/1/2014	ANT	10	ICD-10 CM - do not code decimal point - Left Justified
OP7321	Filler		ANT	3	
OP7322	External Cause of Injury - 10	10/1/2014	ANT	10	ICD-10 CM - do not code decimal point - Left Justified
OP7323	Filler		ANT	3	
OP7324	External Cause of Injury - 11	10/1/2014	ANT	10	ICD-10 CM - do not code decimal point - Left Justified
OP7325	Filler		ANT	3	
OP7326	External Cause of Injury - 12	10/1/2014	ANT	10	ICD-10 CM - do not code decimal point - Left Justified
OP7327	Filler		ANT	3	

**Appendix C-1
Maine Health Data Organization
Outpatient Data Submission Specifications
Record Type 74 - ICD-10 CM Other Diagnosis Information
Version 040, 050 and 060**

Data Element #	Data Element Name	Implementation Date For New Data Elements	Type	Length	Description
OP7401	Record Type	10/1/2014	ANT	2	7474
OP7402	Sequence Number	10/1/2014	NT	2	01 - 02
OP7403	Patient Control Number	10/1/2014	ANT	20	Assigned by facility
OP7404	Other Diagnosis Code - 1	10/1/2014	ANT	10	ICD-10 CM - do not code decimal point - Left Justified
OP7405	Filler		ANT	3	
OP7406	Other Diagnosis Code - 2	10/1/2014	ANT	10	ICD-10 CM - do not code decimal point - Left Justified
OP7407	Filler		ANT	3	
OP7408	Other Diagnosis Code - 3	10/1/2014	ANT	10	ICD-10 CM - do not code decimal point - Left Justified
OP7409	Filler		ANT	3	
OP7410	Other Diagnosis Code - 4	10/1/2014	ANT	10	ICD-10 CM - do not code decimal point - Left Justified
OP7411	Filler		ANT	3	
OP7412	Other Diagnosis Code - 5	10/1/2014	ANT	10	ICD-10 CM - do not code decimal point - Left Justified
OP7413	Filler		ANT	3	
OP7414	Other Diagnosis Code - 6	10/1/2014	ANT	10	ICD-10 CM - do not code decimal point - Left Justified
OP7415	Filler		ANT	3	
OP7416	Other Diagnosis Code - 7	10/1/2014	ANT	10	ICD-10 CM - do not code decimal point - Left Justified
OP7417	Filler		ANT	3	
OP7418	Other Diagnosis Code - 8	10/1/2014	ANT	10	ICD-10 CM - do not code decimal point - Left Justified
OP7419	Filler		ANT	3	
OP7420	Other Diagnosis Code - 9	10/1/2014	ANT	10	ICD-10 CM - do not code decimal point - Left Justified
OP7421	Filler		ANT	3	
OP7422	Other Diagnosis Code - 10	10/1/2014	ANT	10	ICD-10 CM - do not code decimal point - Left Justified
OP7423	Filler		ANT	3	
OP7424	Other Diagnosis Code - 11	10/1/2014	ANT	10	ICD-10 CM - do not code decimal point - Left Justified
OP7425	Filler		ANT	3	
OP7426	Other Diagnosis Code - 12	10/1/2014	ANT	10	ICD-10 CM - do not code decimal point - Left Justified
OP7427	Filler		ANT	3	

**Appendix C-1
Maine Health Data Organization
Outpatient Data Submission Specifications
Record Type 80 - Physician Provider Data
Version ~~040, 050 and 060~~**

Data Element #	Data Element	Implementation Date for New Data Elements	Type	Length	Description/Codes/Sources
OP8001	Record Type		AN <u>T</u>	2	80
OP8002	Sequence		N <u>T</u>	2	01
OP8003	Patient Control Number		AN <u>T</u>	20	Assigned by the facility
OP8097	Filler		AN <u>T</u>	2	
OP8004	Attending <u>Physician Provider</u> Number <u>NPI</u>		AN <u>T</u>	16	NPI number of Attending <u>physician Provider</u> or Health Professional
OP8005	Operating <u>Physician Provider</u> Number <u>NPI</u>		AN <u>T</u>	16	NPI number of Operating <u>physician Provider</u>
OP8098	Filler		AN <u>T</u>	32	
OP8006	Attending <u>Physician Provider</u> Last Name		AN <u>T</u>	16	Cannot be blank
OP8007	Attending <u>Physician Provider</u> First Name		AN <u>T</u>	8	Cannot be blank
OP8008	Attending <u>Physician Provider</u> Middle Initial		AN <u>T</u>	1	
OP8009	Operating <u>Physician Provider</u> Last Name		AN <u>T</u>	16	If a CPT code in the range 10000 - 69999 (excluding 36415), 92950 – 92999, 93501- 93599 or 96400 - 96569 is reported, this field must be filled in.
OP8010	Operating <u>Physician Provider</u> First Name		AN <u>T</u>	8	Cannot be blank if <u>OP8009</u> is filled in.
OP8011	Operating <u>Physician Provider</u> Middle Initial		AN <u>T</u>	1	
OP8099	Filler		AN <u>T</u>	52	

Attending physician Provider is the physician or health care professional that requested the surgery, therapy, diagnostic test or other service.
Operating physician Provider is the physician or health care professional who performed the principal procedure.

**Appendix C-1
Maine Health Data Organization
Outpatient Data Submission Specifications
Record Type 90 - Claim Control Screen
Version 040 and 050**

Data Element #	Data Element	Implementation Date for New Data Elements	Type	Length	Description/Codes/Sources
OP9001	Record Type		AN	2	90
OP9002	Filler (National Use)		AN	2	
OP9003	Patient Control Number		AN	20	Assigned by the facility
OP9098	Filler		AN	38	
OP9004	Total Ancillary Charges – Revenue Centers		N	10	Must equal line item charges on revenue code 0001 and the summation of line item charges excluding 0001 for this record. Two decimal positions implied.
OP9099	Filler		AN	120	

**Appendix C-1
Maine Health Data Organization
Outpatient Data Submission Specifications
Record Type 90 - Claim Control Screen
Version 060**

Data Element #	Data Element	Implementation Date for New Data Elements	Type	Length	Description/Codes/Sources
OP9001	Record Type		AN <u>I</u>	2	90
OP9002	Filler (National Use)		AN <u>I</u>	2	
OP9003	Patient Control Number		AN <u>I</u>	20	Assigned by the facility
OP9098	Filler		AN <u>I</u>	40	
OP9004	Total Ancillary Charges - Revenue Centers		N	10	Must equal line item charges on revenue code 0001 and the summation of line item charges excluding 0001 for this record Two decimal positions implied
OP9099	Filler		AN <u>I</u>	118	

**Appendix C-1
Maine Health Data Organization
Outpatient Data Submission Specifications
Record Type 99 File Control
Version 040, 050 and 060**

Data Element #	Data Element	Implementation Date for New Data Elements	Type	Length	Description/Codes/Sources
OP9901	Record Type		ANI	2	99
OP9998	Filler		ANI	190	

**Appendix C-2
Maine Health Data Organization
Outpatient Data Record Type 01 Mapping to National Standards**

Data Element #	Data Element Name	UB-04 Form Locator	UB-92 (Version 4,5 & 6) Record Type/Field #	HCFA 1500# CMS-1500	NSF (National Standards Format) Locator	HIPAA Reference <u>ASC X12N/005010A1</u> Transaction Set/Loop/Segment ID/Code Value/Reference Designator
OP0101	Record Type	NA	01/1	NA	NA	NA
OP0102	Submitter EIN	1	01/2	25 NA	AA0-02.0	837/2010AA/NM1/85:2/XX/09 NA
OP0103	Submitter Name	1	01/9	332	AA0-06.0	837/2010AA/NM1/85/2/03
OP0104	Address	1	01/10	332	AA0-07.0, AA0-08.0	837/2010AA/N3/0185/2/03
OP0105	City	1	01/11	332	AA0-09.0	837/2010AA/N4/0185/2/03
OP0106	State	1	01/12	332	AA0-10.0	837/2010AA/N4/0285/2/03
OP0107	Zip Code	1	01/13	332	AA0-11.0	837/2010AA/N4/0385/2/03
OP0108	Version Code	NA	01/20	NA	NA	NA

**Appendix C-2
Maine Health Data Organization
Outpatient Data Record Type 20 Mapping to National Standards**

Data Element #	Data Element Name	UB-04 Form Locator	UB-92 (Version 4,5 & 6) Record Type/Field #	HCFA 1500# CMS-1500	NSF (National Standards Format) Locator	HIPAA Reference <u>ASC X12N/005010A1</u> Transaction Set/Loop/Segment ID/Code Value/Reference Designator
OP2001	Record Type	NA	20/1	NA	NA	NA
OP2002	Filler (National Use)	NA	20/2	NA	NA	NA
OP2003	Patient Control Number	3A	20/3	26	CA0-03.0	837/2300/CLM/ /01
OP2004	Patient <u>Sex</u> Gender	11	20/7	3	CA0-09.0	837/2010CA/DMG/ /03 or <u>837/2010BA/DMG/ /03</u>
OP2005	Patient Birth Date	10	20/8	3	CA0-08.0	837/2010CA/DMG/D8/02 or <u>837/2010BA/DMG/D8/02</u>
OP2006	<u>Type of Admission</u>	44	20/10	NA	NA	<u>837/2300/CL1/ /04</u>
OP2007	<u>Source of Admission Point of Origin for Admission or Visit</u>	15	20/14	NA	NA	837/2300/CL1/ /02
OP2008	Patient City	9B	20/14	5	CA0-13.0	837/2010CA/N4/ /01 or <u>837/2010BA/N4/ /01</u>
OP2009	Patient State	9C	20/15	5	CA0-14.0	837/2010CA/N4/ /02 <u>837/2010BA/N4/ /02</u>
OP2010	Patient Zip Code	9D	20/16	5	CA0-15.0	837/2010CA/N4/ /03 <u>837/2010BA/N4/ /03</u>
OP2011	Admission/Start of Care <u>Date</u>	12	20/17	NA	NA	837/2300/DTP/435/D8/03
OP2012	Statement Covers Period - From	6	20/19	24A	EAO-28.0	837I/2300/DTP/434/RD8/03 <u>837P/2400/DTP/472/RD8/03</u>

**Appendix C-2
Maine Health Data Organization
Outpatient Data Record Type 20 Mapping to National Standards**

Data Element #	Data Element Name	UB-04 Form Locator	UB-92 (Version 4,5 & 6) Record Type/Field #	HCFA 1500# CMS-1500	NSF (National Standards Format) Locator	HIPAA Reference <u>ASC X12N/005010A1</u> Transaction Set/Loop/Segment ID/Code Value/Reference Designator
OP2013	Statement Covers Period - Thru	6	20/20	24A	EAO-29.0	837I/2300/DTP/434/RD8/03 837P/2400/DTP/472/RD8/03
OP2014	Patient <u>Discharge</u> Status	17	20/24	NA	NA	837/2300/CL1/ /03
OP2015	Medical/ <u>Health</u> Record Number	3B	20/25	NA	NA	837/2300/REF/EA/02
OP2016	Race	NA	NA	NA	NA	837/2010CA/DMG/ /05
OP2017	Ethnicity	NA	NA	NA	NA	837/2010CA/DMG/ /05

**Appendix C-2
Maine Health Data Organization
Outpatient Data Record Type 30 Mapping to National Standards**

Data Element #	Data Element Name	UB-04 Form Locator	UB-92 (Version 4,5 & 6) Record Type/Field #	HCEA 1500# CMS-1500	NSF (National Standards Format) Locator	HIPAA Reference <u>ASC X12N/005010A1</u> Transaction Set/Loop/Segment ID/Code Value/Reference Designator
OP3001	Record Type	NA	30/1	NA	NA	NA
OP3002	Sequence Number	NA	30/2	NA	NA	837/2000B/SBR/ /01
OP3003	Patient Control Number	3A	30/3	26	CA0-03.0	837/2300/CLM/ /01
OP3004	Payer Identification Number (Primary) Payer Identification Number (Secondary)	NA	NA	NA	NA	NA
OP3005	Social Security Number	NA	NA	NA	NA	NA
OP3006	Payer Name (Primary)	50A	30/8b	4Header/ Carrier Block	DA0-09.0	837/2010BBG/NM1/PR/2/03
	Payer Name (Secondary)	50B	30/8b	9AHeader/ Carrier Block	DA0-11.0	837/2330B/NM1/PR/2/03
OP3007	Insurance Insured's Group Number (Primary)	62A	30/10	11C	DA0-10.0	837/2000B/SBR/P/03
	Insurance Insured's Group Number (Secondary)	62B	30/10	11C9A	DA0-10.0	837/2320/SBR/S/03
OP3008	Insurance Policy Number Insured's Unique Identifier (Primary)	60A	30/7	1A	NA	837/2010CA/NM/MI/109 837/2010BA/NM1/MI/09

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Data Element #	Data Element Name	UB-04 Form Locator	UB-92 (Version 4,5 & 6) Record Type/Field #	HCEA 1500# <u>CMS-1500</u>	NSF (National Standards Format) Locator	HIPAA Reference <u>ASC X12N/005010A1</u> Transaction Set/Loop/Segment ID/Code Value/Reference Designator
	Insurance Policy Number <u>Insured's Unique Identifier (Secondary)</u>	60B	30/7	NA	NA	837/2010CA/NM1/MI/109 <u>837/2330A/NM1/MI/09</u>

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Outpatient Data Record Type 40 Mapping to National Standards**

Data Element #	Data Element Name	UB-04 Form Locator	UB-92 (Version 4,5 & 6) Record Type/Field #	HCFA 1500# CMS-1500	NSF (National Standards Format) Locator	HIPAA Reference <u>ASC X12N/005010A1</u> Transaction Set/Loop/Segment ID/Code Value/Reference Designator
OP4001	Record Type	NA	40/1	NA	NA	NA
OP4002	Sequence Number	NA	40/2	NA	NA	NA
OP4003	Patient Control Number	3A	40/3	26	CA0-03.0	837/2300/CLM/ /01
OP4004	Type of Bill	4	40/4	NA	NA	837/2300/CLM/A/05-1 837/2300/CLM/ /05-3
OP4005	Location of Service	NA	40/5	NA	NA	NA

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Outpatient Data Record Type 61 Mapping to National Standards**

Data Element #	Data Element Name	UB-04 Form Locator	UB-92 (Version 4,5 & 6) Record Type/Field #	HCFA 1500# CMS-1500	NSF (National Standards Format) Locator	HIPAA Reference <u>ASC X12N/005010A1</u> Transaction Set/Loop/Segment ID/Code Value/Reference Designator
OP6101	Record Type	NA	61/1	NA	NA	NA
OP6102	Sequence Number	NA	61/2	NA	NA	NA
OP6103	Patient Control Number	3A	61/3	26	CA0-03.0	837/2300/CLM/ /01
OP6104	Revenue Center Code - 1	42	Version 4 & 5: 61/4, 14,15 Version 6: 61/5,15, 16	NA	NA	837/2400/SV2/01
OP6105	HCPCS Procedure Code - 1	44	Version 4 & 5: 61/5, 14, 15 Version 6: 61/6,15,16	24D-1	FA0-09.0	837/2400/SV2/HC/02-2 <u>837P/2400/SV1/HC/01-2</u>
OP6106	Modifier - 1 (HCPCS & CPT-4) - 1	44	Version 4 & 5: 61/6, 14,15 Version 6: 61/7,15,16	24D-1	FA0-10.0	837/2400/SV2/HC/02-3 <u>837P/2400/SV1/HC/01-3</u>
O61007	Modifier - 2 (HCPCS & CPT-4) - 1	44	Version 4 & 5: 61/7,14,15 Version 6: 61/8, 15,16	24D-1	FA0-11.0	837/2400/SV2/HC/02-4 <u>837P/2400/SV1/HC/01-4</u>
OP6108	<u>Units of Service Units</u> - 1	46	Version 4 & 5: 61/8, 14,15 Version 6: 61/9, 15, 16	24G-1	FA0-18.0	837/2400/SV2/DA/05 837/2400/SV2/F2/05 837/2400/SV2/UN/05 <u>837P/2400/SV1/UN/04</u>

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Outpatient Data Record Type 61 Mapping to National Standards**

Data Element #	Data Element Name	UB-04 Form Locator	UB-92 (Version 4,5 & 6) Record Type/Field #	HCFA 1500# CMS-1500	NSF (National Standards Format) Locator	HIPAA Reference <u>ASC X12N/005010A1</u> Transaction Set/Loop/Segment ID/Code Value/Reference Designator
OP6109	Outpatient Total Charges - 1	47	Version 4 & 5: 61/10, 14, 15 Version 6: 61/11, 15, 16	24F-1	FA0-13.0	837I/2400/SV2/ /03 <u>837P/2400/SV1/ /02</u>
OP6110	Date of Service <u>Date</u> - 1	45	Version 4 & 5: 61/12, 14, 15 Version 6: 61/13, 15, 16	24A-1	FA0-06.0	837/2400/DTP/472/D8/03
OP6111	Revenue Center Code - 2	42	Version 4 & 5: 61/4, 14, 15 Version 6: 61/5, 15, 16	NA	NA	837/2400/SV2/01
OP6112	HCPCS Procedure Code - 2	44	Version 4 & 5: 61/5, 14, 15 Version 6: 61/6, 15, 16	24D-2	FA0-09.0	837I/2400/SV2/HC/02-2 <u>837P/2400/SV1/HC/01-2</u>
OP6113	Modifier - 1 (HCPCS & CPT-4) - 2	44	Version 4 & 5: 61/6, 14, 15 Version 6: 61/7, 15, 16	24D-2	FA0-10.0	837I/2400/SV2/HC/02-3 <u>837P/2400/SV1/HC/01-3</u>
OP6114	Modifier - 2 (HCPCS & CPT-4) - 2	44	Version 4 & 5: 61/7, 14, 15 Version 6: 61/8, 15, 16	24D-2	FA0-11.0	837I/2400/SV2/HC/02-4 <u>837P/2400/SV1/HC/01-4</u>

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Outpatient Data Record Type 61 Mapping to National Standards**

Data Element #	Data Element Name	UB-04 Form Locator	UB-92 (Version 4,5 & 6) Record Type/Field #	HCFA 1500# CMS-1500	NSF (National Standards Format) Locator	HIPAA Reference <u>ASC X12N/005010A1</u> Transaction Set/Loop/Segment ID/Code Value/Reference Designator
OP6115	Units of Service <u>Units</u> - 2	46	Version 4 & 5: 61/8, 14, 15 Version 6: 61/9, 15, 16	24G-2	FA0-18.0	837I/2400/SV2/DA/05 837I/2400/SV2/F2/05 837I/2400/SV2/UN/05 <u>837P/2400/SV1/UN/04</u>
OP6116	Outpatient Total Charges - 2	47	Version 4 & 5: 61/10, 14, 15 Version 6: 61/11, 15, 16	24F-2	FA0-13.0	837I/2400/SV2/ /03 <u>837P/2400/SV1/ /02</u>
OP6117	Date of Service <u>Date</u> - 2	45	Version 4 & 5: 61/12, 14, 15 Version 6: 61/13, 15, 16	24A-2	FA0-06.0	837/2400/DTP/472/D8/03
OP6118	Revenue Center Code - 3	42	Version 4 & 5: 61/4, 14, 15 Version 6: 61/5, 15, 16	NA	NA	837/2400/SV2/01
OP6119	HCPCS Procedure Code - 3	44	Version 4 & 5: 61/5, 14, 15 Version 6: 61/6, 15, 16	24D-3	FA0-09.0	837I/2400/SV2/HC/02-2 <u>837P/2400/SV1/HC/01-2</u>
OP6120	Modifier - 1 (HCPCS & CPT-4) - 3	44	Version 4 & 5: 61/6, 14, 15 Version 6: 61/7, 15, 16	24D-3	FA0-10.0	837I/2400/SV2/HC/02-3 <u>837P/2400/SV1/HC/01-3</u>

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Outpatient Data Record Type 61 Mapping to National Standards**

Data Element #	Data Element Name	UB-04 Form Locator	UB-92 (Version 4,5 & 6) Record Type/Field #	HCFA 1500# CMS-1500	NSF (National Standards Format) Locator	HIPAA Reference <u>ASC X12N/005010A1</u> Transaction Set/Loop/Segment ID/Code Value/Reference Designator
OP6121	Modifier - 2 (HCPCS & CPT-4) - 3	44	Version 4 & 5: 61/7, 14, 15 Version 6: 61/8, 15, 16	24D-3	FA0-11.0	837I/2400/SV2/HC/02-4 <u>837P/2400/SV1/HC/01-4</u>
OP6122	Units of Service <u>Units</u> - 3	46	Version 4 & 5: 61/8, 14, 15 Version 6: 61/9, 15, 16	24G-3	FA0-18.0	837I/2400/SV2/DA/05 837I/2400/SV2/F2/05 837I/2400/SV2/UN/05 <u>837P/2400/SV1/UN/04</u>
OP6123	Outpatient Total Charges - 3	47	Version 4 & 5: 61/10, 14, 15 Version 6: 61/11, 15, 16	24F-3	FA0-13.0	837I/2400/SV2/ /03 <u>837P/2400/SV1/ /02</u>
OP6124	Date of Service <u>Date</u> - 3	45	Version 4 & 5: 61/12, 14, 15 Version 6: 61/13, 15, 16	24A-3	FA0-06.0	837/2400/DTP/472/D8/03

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Outpatient Data Record Type 70 Mapping to National Standards**

Data Element #	Data Element Name	UB-04 Form Locator	UB-92 (Version 4,5 & 6) Record Type/Field #	HCFA 1500# CMS-1500	NSF (National Standards Format) Locator	HIPAA Reference <u>ASC X12N/005010A1</u> Transaction Set/Loop/Segment ID/Code Value/Reference Designator
OP7001	Record Type	NA	70/1	NA	NA	NA
OP7002	Sequence Number	NA	70/2	NA	NA	NA
OP7003	Patient Control Number	3A	70/3	26	CA0-03.0	837/2300/CLM/ /01
OP7004	Principal Diagnosis Code	67	70/4	21.4 <u>A</u>	EA0-32.0	837/2300/HI/BK/01-2
OP7005	Other Diagnosis Code – 1	67A	70/5	21.2 <u>B</u>	EA0-33.0	837/2300/HI/BF/01-2 <u>837P/2300/HI/BF/02-2</u>
OP7006	Other Diagnosis Code – 2	67B	70/6	21.3 <u>C</u>	EA0-34.0	837/2300/HI/BF/02-2 <u>837P/2300/HI/BF/03-2</u>
OP7007	Other Diagnosis Code – 3	67C	70/7	21.4 <u>D</u>	EA0-35.0	837/2300/HI/BF/03-2 <u>837P/2300/HI/BF/04-2</u>
OP7008	Other Diagnosis Code – 4	67D	70/8	NA <u>21E</u>	NA	837/2300/HI/BF/04-2 <u>837P/2300/HI/BF/05-2</u>
OP7009	Other Diagnosis Code – 5	67E	70/9	NA <u>21F</u>	NA	837/2300/HI/BF/05-2 <u>837P/2300/HI/BF/06-2</u>
OP7010	Other Diagnosis Code - 6	67F	70/10	NA <u>21G</u>	NA	837/2300/HI/BF/06-2 <u>837P/2300/HI/BF/07-2</u>
OP7011	Other Diagnosis Code - 7	67G	70/11	NA <u>21H</u>	NA	837/2300/HI/BF/07-2 <u>837P/2300/HI/BF/08-2</u>
OP7012	Other Diagnosis Code - 8	67H	70/12	NA <u>21I</u>	NA	837/2300/HI/BF/08-2 <u>837P/2300/HI/BF/09-2</u>

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Outpatient Data Record Type 70 Mapping to National Standards**

Data Element #	Data Element Name	UB-04 Form Locator	UB-92 (Version 4,5 & 6) Record Type/Field #	HCFA 1500# CMS-1500	NSF (National Standards Format) Locator	HIPAA Reference ASC X12N/005010A1 Transaction Set/Loop/Segment ID/Code Value/Reference Designator
OP7013	Principal Procedure Code	74	70/13	NA	NA	837/2300/HI/BR/01-2
OP7014	Principal Procedure Date	74	70/14	NA	NA	837/2300/HI/D8/01-4
OP7015	Other Procedure Code - 1	74A	70/15	NA	NA	837/2300/HI/BQ/01-2
OP7016	Other Procedure Date - 1	74A	70/16	NA	NA	837/2300/HI/D8/01-4
OP7017	Other Procedure Code - 2	74B	70/17	NA	NA	837/2300/HI/BQ/02-2
OP7018	Other Procedure Date - 2	74B	70/18	NA	NA	837/2300/HI/D8/02-4
OP7019	Other Procedure Code - 3	74C	70/19	NA	NA	837/2300/HI/BQ/03-2
OP7020	Other Procedure Date - 3	74C	70/20	NA	NA	837/2300/HI/D8/03-4
OP7021	Other Procedure Code - 4	74D	70/21	NA	NA	837/2300/HI/BQ/04-2
OP7022	Other Procedure Date - 4	74D	70/22	NA	NA	837/2300/HI/D8/04-4
OP7023	Other Procedure Code - 5	74E	70/23	NA	NA	837/2300/HI/BQ/05-2
OP7024	Other Procedure Date - 5	74E	70/24	NA	NA	837/2300/HI/D8/05-4
OP7025	Admitting Diagnosis/ Patient's Reason for Visit	70	70/25	NA	NA	837/2300/HI/PR/01-2
OP7026	External Cause of Injury (E-Code) - 1	72A	70/26	NA	NA	837/2300/HI/BN/01-2
OP7027	External Cause of Injury (E-Code) - 2	72B	NA	NA	NA	837/2300/HI/BN/02-2

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Outpatient Data Record Type 71 Mapping to National Standards**

Data Element #	Data Element Name	UB-04 Form Locator	UB-92 (Version 4,5 & 6) Record Type/Field #	<u>CMS-1500</u>	HIPAA Reference <u>ASC X12N/005010A1</u> Transaction Set/Loop/ Segment ID/Code Value/ Reference Designator
OP7101	Record Type	NA	NA	<u>NA</u>	NA
OP7102	Sequence Number	NA	NA	<u>NA</u>	NA
OP7103	Patient Control Number	3A	NA	<u>26</u>	837/2300/CLM//01
OP7104	Principal Diagnosis	67	NA	<u>21A</u>	837/2300/HI/ABK/01-2
OP7105	Filler	NA	NA		NA
OP7106	Filler	NA	NA		NA
OP7107	Reason for Visit Diagnosis - 1	70A	NA	<u>NA</u>	837/2300/HI/APR/01-2
OP7108	Reason for Visit Diagnosis - 2	70B	NA	<u>NA</u>	837/2300/HI/APR/02-2
OP7109	Reason for Visit Diagnosis - 3	70C	NA	<u>NA</u>	837/2300/HI/APR/03-2
OP7110	Principal Procedure Code	74	NA	<u>NA</u>	837/2300/HI/BBR/01-2
OP7111	Principal Procedure Date	74	NA	<u>NA</u>	837/2300/HI/D8/01-4

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Outpatient Data Record Type 72 Mapping to National Standards**

Data Element #	Data Element Name	UB-04 Form Locator	UB-92 (Version 4,5 & 6) Record Type/Field #	CMS-1500	HIPAA Reference <u>ASC</u> <u>X12N/005010A1</u> Transaction Set/Loop/ Segment ID/Code Value/ Reference Designator
OP7201	Record Type	NA	NA	NA	NA
OP7202	Sequence Number	NA	NA	NA	NA
OP7203	Patient Control Number	3A	NA	<u>26</u>	837/2300/CLM//01
OP7204	Other Procedure Code - 1	74A	NA	NA	837/2300/HI/BBQ/01-2
OP7205	Other Procedure Date - 1	74A	NA	NA	837/2300/HI/D8/01-4
OP7206	Other Procedure Code - 2	74B	NA	NA	837/2300/HI/BBQ/02-2
OP7207	Other Procedure Date - 2	74B	NA	NA	837/2300/HI/D8/02-4
OP7208	Other Procedure Code - 3	74C	NA	NA	837/2300/HI/BBQ/03-2
OP7209	Other Procedure Date - 3	74C	NA	NA	837/2300/HI/D8/03-4
OP7210	Other Procedure Code - 4	74D	NA	NA	837/2300/HI/BBQ/04-2
OP7211	Other Procedure Date - 4	74D	NA	NA	837/2300/HI/D8/04-4
OP7212	Other Procedure Code - 5	74E	NA	NA	837/2300/HI/BBQ/05-2
OP7213	Other Procedure Date - 5	74E	NA	NA	837/2300/HI/D8/05-4
OP7214	Other Procedure Code - 6	NA	NA	NA	837/2300/HI/BBQ/06-2
OP7215	Other Procedure Date - 6	NA	NA	NA	837/2300/HI/D8/06-4
OP7216	Other Procedure Code - 7	NA	NA	NA	837/2300/HI/BBQ/07-2
OP7217	Other Procedure Date - 7	NA	NA	NA	837/2300/HI/D8/07-4
OP7218	Other Procedure Code - 8	NA	NA	NA	837/2300/HI/BBQ/08-2
OP7219	Other Procedure Date - 8	NA	NA	NA	837/2300/HI/D8/08-4

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Outpatient Data Record Type 73 Mapping to National Standards**

Data Element #	Data Element Name	UB-04 Form Locator	UB-92 (Version 4,5 & 6) Record Type/Field #	<u>CMS-1500</u>	HIPAA Reference <u>ASC X12N/005010A1</u> Transaction Set/Loop/Segment ID/Code Value/Reference Designator
OP7301	Record Type	NA	NA	NA	NA
OP7302	Sequence Number	NA	NA	NA	NA
OP7303	Patient Control Number	3A	NA	<u>26</u>	837/2300/CLM//01
OP7304	External Cause of Injury - 1	72A	NA	NA	837/2300/HI/ABN/01-2
OP7305	Filler	NA	NA		NA
OP7306	External Cause of Injury - 2	72B	NA	NA	837/2300/HI/ABN/02-2
OP7307	Filler	NA	NA		NA
OP7308	External Cause of Injury - 3	72C	NA	NA	837/2300/HI/ABN/03-2
OP7309	Filler	NA	NA		NA
OP7310	External Cause of Injury - 4	NA	NA	NA	837/2300/HI/ABN/04-2
OP7311	Filler	NA	NA		NA
OP7312	External Cause of Injury - 5	NA	NA	NA	837/2300/HI/ABN/05-2
OP7313	Filler	NA	NA		NA
OP7314	External Cause of Injury - 6	NA	NA	NA	837/2300/HI/ABN/06-2
OP7315	Filler	NA	NA		NA
OP7316	External Cause of Injury - 7	NA	NA	NA	837/2300/HI/ABN/07-2
OP7317	Filler	NA	NA		NA
OP7318	External Cause of Injury - 8	NA	NA	NA	837/2300/HI/ABN/08-2
OP7319	Filler	NA	NA		NA
OP7320	External Cause of Injury - 9	NA	NA	NA	837/2300/HI/ABN/09-2
OP7321	Filler	NA	NA		NA
OP7322	External Cause of Injury - 10	NA	NA	NA	837/2300/HI/ABN/10-2

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Outpatient Data Record Type 73 Mapping to National Standards**

Data Element #	Data Element Name	UB-04 Form Locator	UB-92 (Version 4,5 & 6) Record Type/Field #	<u>CMS-1500</u>	HIPAA Reference <u>ASC X12N/005010A1</u> Transaction Set/Loop/Segment ID/Code Value/Reference Designator
OP7323	Filler	NA	NA		NA
OP7324	External Cause of Injury - 11	NA	NA	<u>NA</u>	837/2300/HI/ABN/11-2
OP7325	Filler	NA	NA		NA
OP7326	External Cause of Injury - 12	NA	NA	<u>NA</u>	837/2300/HI/ABN/12-2
OP7327	Filler	NA	NA		NA

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Outpatient Data Record Type 74 Mapping to National Standards**

Data Element #	Data Element Name	UB-04 Form Locator	UB-92 (Version 4,5 & 6) Record Type/Field #	CMS-1500	HIPAA Reference <u>ASC X12N/005010A1</u> Transaction Set/Loop/Segment ID/Code Value/Reference Designator
OP7401	Record Type	NA	NA	NA	NA
OP7402	Sequence Number	NA	NA	NA	NA
OP7403	Patient Control Number	3A	NA	<u>26</u>	837/2300/CLM//01
OP7404	Other Diagnosis Code - 1	67A	NA	<u>21B</u>	837I/2300/HI/ABF/01-2 837P/2300/HI/ABF/02-2
OP7405	Filler	NA	NA		NA
OP7406	Other Diagnosis Code - 2	67B	NA	<u>21C</u>	837I/2300/HI/ABF/02-2 837P/2300/HI/ABF/03-2
OP7407	Filler	NA	NA		NA
OP7408	Other Diagnosis Code - 3	67C	NA	<u>21D</u>	837I/2300/HI/ABF/03-2 837P/2300/HI/ABF/04-2
OP7409	Filler	NA	NA		NA
OP7410	Other Diagnosis Code - 4	67D	NA	<u>21E</u>	837I/2300/HI/ABF/04-2 837P/2300/HI/ABF/05-2
OP7411	Filler	NA	NA		NA
OP7412	Other Diagnosis Code - 5	67E	NA	<u>21F</u>	837I/2300/HI/ABF/05-2 837P/2300/HI/ABF/06-2
OP7413	Filler	NA	NA		NA
OP7414	Other Diagnosis Code - 6	67F	NA	<u>21G</u>	837I/2300/HI/ABF/06-2 837P/2300/HI/ABF/07-2
OP7415	Filler	NA	NA		NA
OP7416	Other Diagnosis Code - 7	67G	NA	<u>21H</u>	837I/2300/HI/ABF/07-2 837P/2300/HI/ABF/08-2

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Outpatient Data Record Type 74 Mapping to National Standards**

Data Element #	Data Element Name	UB-04 Form Locator	UB-92 (Version 4,5 & 6) Record Type/Field #	CMS-1500	HIPAA Reference <u>ASC X12N/005010A1</u> Transaction Set/Loop/Segment ID/Code Value/Reference Designator
OP7417	Filler	NA	NA		NA
OP7418	Other Diagnosis Code - 8	67H	NA	<u>21I</u>	837I/2300/HI/ABF/08-2 <u>837P/2300/HI/ABF/09-2</u>
OP7419	Filler	NA	NA		NA
OP7420	Other Diagnosis Code - 9	67I	NA	<u>21J</u>	837I/2300/HI/ABF/09-2 <u>837P/2300/HI/ABF/10-2</u>
OP7421	Filler	NA	NA		NA
OP7422	Other Diagnosis Code - 10	67J	NA	<u>21K</u>	837I/2300/HI/ABF/10-2 <u>837P/2300/HI/ABF/11-2</u>
OP7423	Filler	NA	NA		NA
OP7424	Other Diagnosis Code - 11	67K	NA	<u>21L</u>	837I/2300/HI/ABF/11-2 <u>837P/2300/HI/ABF/12-2</u>
OP7425	Filler	NA	NA		NA
OP7426	Other Diagnosis Code - 12	67L	NA	<u>NA</u>	837/2300/HI/ABF/12-2
OP7427	Filler	NA	NA		NA

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Outpatient Data Record Type 80 Mapping to National Standards**

Data Element #	Data Element Name	UB-04 Form Locator	UB-92 (Version 4,5 & 6) Record Type/Field #	HCFA 1500# CMS-1500	NSF (National Standards Format) Locator	HIPAA Reference <u>ASC X12N/005010A1</u> Transaction Set/Loop/Segment ID/Code Value/Reference Designator
OP8001	Record Type	NA	80/1	NA	NA	NA
OP8002	Sequence	NA	80/2	NA	NA	NA
OP8003	Patient Control Number	3A	80/3	26	CA0-03.0	837/2300/CLM/ /01
OP8004	Attending Physician Provider Number NPI	76	80/5	47a24J	EA0-21.0	837/2310A/NM1/71/1/XX/09
OP8005	Operating Physician Provider Number NPI	77	80/6	3324J	BA0-10.0	837/2310B/NM1/72/1/XX/09
OP8006	Attending Physician Provider Last Name	76	80/9	47NA	EA0-24.0	837/2310A/NM1/71/1/03
OP8007	Attending Physician Provider First Name	76	80/9	47NA	EA0-25.0	837/2310A/NM1/71/1/04
OP8008	Attending Physician Provider Middle Initial	76	80/9	47NA	EA0-26.0	837/2310A/NM1/71/1/05
OP8009	Operating Physician Provider Last Name	77	80/10	33NA	BA0-18.0, BA0-19.0	837/2310B/NM1/72/1/03
OP8010	Operating Physician Provider First Name	77	80/10	33NA	BA0-20.0	837/2310B/NM1/72/1/04

**Appendix C-2
Maine Health Data Organization
Outpatient Data Record Type 80 Mapping to National Standards**

Data Element #	Data Element Name	UB-04 Form Locator	UB-92 (Version 4,5 & 6) Record Type/Field #	HCFA 1500# CMS-1500	NSF (National Standards Format) Locator	HIPAA Reference <u>ASC X12N/005010A1</u> Transaction Set/Loop/Segment ID/Code Value/Reference Designator
OP8011	Operating Physician Provider Middle Initial	77	80/10	33NA	BA0-21.0	837/2310B/NM1/72/1/05

**Appendix C-2
Maine Health Data Organization
Outpatient Data Record Type 90 Mapping to National Standards**

Data Element #	Data Element Name	UB-04 Form Locator	UB-92 (Version 4,5 & 6) Record Type/Field #	HCFA 1500# CMS-1500	NSF (National Standards Format) Locator	HIPAA Reference <u>ASC X12N/005010A1</u> Transaction Set/Loop/ Segment ID/Code Value/ Reference Designator
OP9001	Record Type	NA	90/1	NA	NA	NA
OP9002	Filler (National Use)	NA	90/2	NA	NA	NA
OP9003	Patient Control Number	3A	90/3	26	CA0-03.0	837/2300/CLM/ /01
OP9004	Total Ancillary Charges - Revenue Centers	NA	90/15	28	XA0-12.0	This is the total of the SV2 segments with the exception of Revenue Code 001

**Appendix C-2
Maine Health Data Organization
Outpatient Data Record Type 99 Mapping to National Standards**

Data Element #	Data Element Name	UB-04 Form Locator	UB-92 (Version 4,5 & 6) Record Type/Field #	HCFA 1500# CMS-1500	NSF (National Standards Format) Locator	HIPAA Reference <u>ASC X12N/005010A1</u> Transaction Set/Loop/Segment ID/Code Value/Reference Designator
OP9901	Record Type	NA	NA	NA	NA	NA