

IHA FILE SPECIFICATIONS – Inpatient / Outpatient

REVISED 02/11/2019

BLUE TEXT INDICATES A FIELD VALUE, SIZE, DEFINITION OR NAME CHANGE

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INDIANA HOSPITAL ASSOCIATION INPATIENT & OUTPATIENT CARE DATA FILE SPECIFICATIONS

<u>DATA ELEMENT</u>	<u>DESCRIPTION</u>	<u>TYPE</u>	<u>SIZE</u>	<u>POSITIONS</u>	<u>JUSTIFY</u>
RECORD-TYPE	RECORD IDENTIFIER	A/N	3	001 - 003	L
	<u>FORMAT</u>	Use a three digit code in the following sequence:			
<u>GUIDELINES FOR FIELD USAGE</u>	<u>1st Digit - Type of Facility</u>				
A value of 1-Hospital, 8-Special facility and 7-Clinic are the only valid facility codes. All others are excluded from the IHA data collection	Hospital				1
	Skilled Nursing				2
	Home Health				3
	Religious Non-Medical Healthcare institute				4
	Reserved for National Assignment (Deleted) (Extended Care)				5
	Intermediate Care				6
	*Clinic				7
	Special Facility				8
	Reserved for National Assignment				9
		<u>2nd Digit-Bill Classification (Except Clinics/Special Fac.)</u>			
*If "Type of Facility" is a 1 values of 1, 2, 3 & 4 are the only valid bill	Inpatient (Include Medicare Part A)				1
	Inpatient (Medicare Part B only)				2
	Outpatient				3
	Please refer to Attachment A for clarification of outpatient records that are to be submitted to the IHA.				
	Hospital-Laboratory services Provided to Non-patients				4
	Reserved for National Assignment				5 - 7
	Swing Beds				8
	Reserved for National Assignment				9
		<u>2nd Digit-Bill Classification (Clinics Only)</u>			

If "Type of Facility" is 7
values of 1, 2, 3, 4, 5, 6 , 7 & 9
 are valid classifications.

Rural Health	1
Hospital Based or Independent Renal Dialysis Center	2
Free Standing	3
Outpatient Rehab. Fac.	4
Comprehensive Outpatient Rehab Fac.	5
Community Mental Health Ctr.	6
Federally Qualified Health Ctr.	7
Reserved for National Assignment	8
Other	9

If "Type of Facility" is 8
values of 1, 2, 3, 4, 5 & 9
 are valid classifications.

2nd Digit-Bill Classification (Special Facilities Only)

Hospice (Non-hospital Based)	1
Hospice (Hospital-based)	2
Ambulatory Surgery Ctr.	3
Free Standing Birthing Ctr.	4
Critical Access Hospital	5
Residential Facility	6
Reserved for National Assignment	7 – 8
Other	9

A value of **1-Admit - Disch**
 is the only acceptable value
 for a discharge submitted to
 IHA.

3rd Digit - Frequency

Non-Payment	0
Admit thru Disch. Claim	1
Interim - First Claim	2
Interim - Continuing	3
Interim - Last Claim	4
Late Charges(Only Claim)	5
Reserved for National Assignment	6
Replacement of Prior Claim	7
Void/Cancel-Prior Claim	8
Final Claim for a Home Health	9
PPS Episode	
Values (A – Z) are not collected	

EDIT

A required field. All positions must be fully coded.

EXAMPLE

131 Hospital/Outpatient/Admit thru discharge claim.

HOSP-ID

IHA ID CODE

N 3 004 - 006 R

	<u>FORMAT</u>	A three digit hospital identification number assigned by IHA.
	<u>EDIT</u>	A required field. The file will be rejected if this identifier does not match the IHA Hospital Master. Zero filled.
	<u>EXAMPLE</u>	001 / 011 / 111
PATIENT-CONTROL-ID	PATIENT CONTROL NUMBER	A/N 24 007 - 030 L
	<u>FORMAT</u>	Patient's unique alpha numeric number assigned by the provider to facilitate retrieval of individual financial records and posting of the payment.
	<u>EDIT</u>	A required field. Must not be all spaces or zeros. Field is not to be zero filled.
	<u>EXAMPLE</u>	<u>3 5 2 9 6 4 0 0 1</u> _ _ _ _ _
MEDICAL-RECORD ID	MEDICAL/HEALTH RECORD NUMBER	A/N 24 031 - 054 L
	<u>FORMAT</u>	The medical/health record identification number, up to 24 characters in length. Designed to audit the history of treatment. Cannot contain patient names.
	<u>EDIT</u>	A required field. Must not be all spaces or zeros. Field is not to be zero filled.
	<u>EXAMPLE</u>	<u>8 4 1 9 2 A</u> _ _ _ _ _
ZIP-CODE	CODE OF RESIDENCE	N 5 055 - 059 R
	<u>FORMAT</u>	Use only a postal service approved five digit code for the patient's permanent residence. Use 99999 for foreign zip's and 00000 for unknown zip's.
	<u>EDIT</u>	A required field. Error if not numeric.
	<u>EXAMPLE</u>	46219
ADMIT-TYPE	TYPE OF ADMISSION	A/N 1 060 - 060 R

FORMAT

Use a 1 digit numeric code as follows:

- Emergency 1
- Urgent 2
- Elective 3
- Newborn 4
- Trauma Ctr. 5
- Reserved 6-8
- Unknown 9

EDIT

A required field for both inpatient and outpatient records.
Error if Type 4 and age > 0.

EXAMPLE

1

POINT OF ORIGIN ADMISSION or VISIT A/N 1 061 - 061 R

FORMAT

Use a 1 digit numeric code as follows:

- 1- Non-Health Care Facility Point of Origin
Inpatient: The patient was admitted to this facility.
Outpatient: The patient presented to this facility for outpatient services.
- 2- Clinic or Physician’s Office
Inpatient: The patient was admitted to this facility.
Outpatient: The patient presented to this facility for outpatient services.
- 3- Reserved for National Assignment
- 4- Transfer from a Hospital (different facility)
Inpatient: The patient was admitted to this facility as a transfer from a different acute care facility.
Outpatient: The patient was transferred to this facility as an outpatient from an acute care facility.
- 5- Transfer from a SNF
Inpatient: The patient was admitted to this facility as a transfer from a SNF or ICF where he or she was a resident.
Outpatient: The patient was referred to this facility for outpatient or referenced diagnostic services from a SNF or ICF where he or she was a resident.

6- Transfer from Another Health Care Facility

Inpatient: The patient was admitted to this facility as a transfer from another type of health care facility not defined elsewhere in this code list.

Outpatient: The patient was referred to this facility for services by (a physician of) another health care facility not defined elsewhere in this code list where he or she was an inpatient or outpatient.

7 - Reserved for national assignment.

8- Court/Law Enforcement

Inpatient: The patient was admitted to this facility upon the direction of a court of law, or upon the request of a law enforcement agency representative.

Outpatient: The patient was referred to this facility upon the direction of a court of law, or upon the request of a law enforcement agency representative for outpatient or referenced diagnostic services.

9- Information Not Available

Inpatient: The means by which the patient was admitted to this hospital is not known.

Outpatient: The means by which the patient was admitted to this hospital's outpatient department is not known.

A – C Reserved for National Assignment

D-Transfer from One Distinct Unit of the Hospital to another.

Inpatient: The patient was admitted to this facility as a transfer from hospital inpatient within this hospital resulting in a separate claim to the payer.

Outpatient: The patient received outpatient services in this facility as a transfer from within this hospital resulting in a separate claim to the payer.

E- Transfer from Ambulatory

Inpatient: The patient was

Surgery Center

admitted to this facility as a transfer from an ambulatory surgery center

Outpatient: The patient was referred to this facility for outpatient or referenced diagnostic services from an ambulatory surgery center.

F- Transfer from Hospice and Is under Hospice plan of Care.

Inpatient: The patient was admitted to this facility as a transfer from hospice.

Outpatient: The patient was referred to this facility for outpatient or referenced diagnostic services from a hospice.

G-Z- Reserved for national assignment.

FORMAT (Cont.)

REQUIRED CODE STRUCTURE FOR NEWBORN IF TYPE OF ADMISSION CODE EQUALS 4

Reserved for National Assignment	1-4
Born Inside this Hospital	5
Born Outside this Hospital	6
Reserved for National Assignment	7-9

EDIT

A required field.
Error if Type of Admission is 4 (newborn) and Admission Source is not a 5 or 6.

EXAMPLE

5

ADMIT-DATE

DATE OF ADMISSION

D 8 062 - 069 R

FORMAT

An eight digit field. Use the MMDDYYYY format.

EDIT

A required field.
Month - must be 01 through 12
Day - must be 01 through 31
Year - 4 digit (must contain century)
Error if date is not < = the discharge date. Outpatient use registration date.

EXAMPLE

04272000

DISCH-DATE DATE OF DISCHARGE D 8 070 - 077 R

FORMAT An eight digit field. Use the MMDDYYYY format.

EDIT A required field.
 Month - must be 01 through 12
 Day - must be 01 through 31
 Year - 4 digit (must contain century)
 Error if this date is not within the reporting period specified for the submission.

EXAMPLE 04292000

DISCH-STAT PATIENT STATUS AT DISCHARGE A/N 2 078 - 079 R

FORMAT 2 position code right justified (all positions fully coded).

- Discharged to home or self 01
Care (routine)
- Discharged/transferred to 02
short term general hosp.
- Discharged/transferred to a 03
Skilled nursing facility (SNF)
with Medicare Certification in
anticipation of Skilled Care
- Discharged/transferred to a 04
Facility that provides custodial or
Supportive care.
- Discharged/transferred to 05
a designated cancer center or
Childrens hospital.
- Discharged/transferred to home 06
Under care of organized home
health service organization
- Left against medical advice 07
- Reserved for National 08
Assignment
- *Admitted as an inpatient to this 09
hospital
- Reserved for National 10-19
Assignment
- Expired 20
- Discharged/transferred to 21
Court Law Enforcement
- Reserved for National 22-29
Assignment
- Still patient or expected to return 30
for outpatient services

Reserved for National Assignment	31-39
Expired at home (Hospice Only)	40
Expired in a medical facility (Hospice Only)	41
Expired - place unknown (Hospice Only)	42
Discharged/Transferred to Federal Health Care Facility	43
Reserved for National Assignment	44-49
Hospice – home	50
Hospice - medical facility	51
Reserved for National Assignment	52-60
Discharged/transferred to a hospital-based Medicare approved swing bed within this institution	61
Discharged/transferred to an inpatient rehabilitation facility including rehabilitation distinct part units of a hospital.	62
Discharged/transferred to a Medicare Certified long term care hospital	63
Discharged/transferred to a Nursing facility certified under Medicaid but not certified under Medicare	64
Discharged/Transferred to a psychiatric hospital or psychiatric distinct part of unit of hospital.	65
Discharge/Transferred to a Critical Access Hospital	66
Reserved for National Assignment	67-68
Discharged/transferred to Designated Disaster Alternative Care Site	69
Discharged/Transferred to Other Health Care Institution	70
Not defined elsewhere in this code list	
Discontinued 4/1/03	71-72
Reserved for National Assignment	73-80
Discharged to Home or Self Care with a Planned Acute Care Inpatient Readmission	81
Discharged/Transferred to a Short Term General Hospital With a Planned Acute Care Inpatient Readmission	82

Discharged/Transferred to a SNF With Medicare Certification With a Planned Acute Care Inpatient Readmission	83
Discharged/Transferred to a Facility that Provides Custodial Or Supportive Care With a Planned Acute Care Inpatient Readmission	84
Discharge/Transferred to a Designated Cancer Center or Children's Hospital With a Planned Acute Care Inpatient Readmission	85
Discharged/Transferred to Home Under Care of Organized Home Health Services Organization With a Planned Acute Care Inpatient Readmission	86
Discharged/Transferred to Court/Law Enforcement with a Planned Acute Care Inpatient Readmission	87
Discharged/Transferred to a Federal Health Care Facility With a Planned Acute Care Inpatient Readmission	88
Discharged/Transferred to a Hospital-based Medicare Approved Swing Bed with a Planned Acute Care Inpatient Readmission	89
Discharged/Transferred to an Inpatient Rehabilitation Facility Including Rehabilitation Distinct Part Units of a Hospital with a Planned Acute Care Inpatient Readmission	90
Discharged/Transferred to a Medicare Certified Long Term Care Hospital with a Planned Acute Care Inpatient Readmission	91
Discharged/transferred to a Nursing facility certified under Medicaid but not certified under Medicare with a Planned Acute Care Inpatient Readmission	92
Discharged/Transferred to a psychiatric hospital or psychiatric distinct part or unit of hospital With a Planned Acute Care Inpatient Readmission	93

Discharge/Transferred to a Critical Access Hospital with a Planned Acute Care Inpatient Readmission	94
Discharged/Transferred to Other Health Care Institution Not defined elsewhere in this code list with a Planned Acute Care Inpatient Readmission	95
Reserved for National Assignment	96-99

* For use ONLY on Medicare outpatient claims.

EDIT A required field. Error if outside specified ranges or "09" on an inpatient claim.

EXAMPLE 01

PAY-SRC-1 PRIMARY PAYER N 1 080 - 080 R

FORMAT A one character code as follows:

Medicare 1
 Title XVIII of Social Security Act – Traditional Fee for Service (Part A and Part B) Medicare Advantage, (Part C) is an expanded set of options for the delivery of health care under Medicare, created in the Balanced Budget Act passed by Congress in 1997. The term Medicare Advantage refers to options other than original Medicare.

Medicaid 2
 Title XIX of Social Security Act, Aid to Dependent Children and similar state and local programs - Traditional Fee for Service Medicaid

Hoosier Care Connect
 Hoosier Healthwise

HIP 2.0 - HIP 2.0 is the State of Indiana’s plan to improve and expand the successful Healthy Indiana Plan (HIP) and concurrently replace traditional Medicaid in Indiana for all non-disabled Hoosiers ages 19-64.

Other Government 3
 Third parties other than the above, such as Indian Health Service, and CHAMPUS.

Commercial Insurance 4
 Any commercial or private insurance company including insurance purchased through the Marketplace (Healthcare.gov) which reimburses the hospital for their charges or some percent of their charges. This also includes parties, such as health maintenance organizations (HMO), preferred provider organizations (PPO), and comprehensive medical plans (CMP). Workmen’s Compensation is included in Commercial Insurance.

Self Pay 5
 Includes services for which a patient has no third party payment arrangement or plans to handle the relations with a third party payer personally and, thereby, is personally liable for the services rendered. Also included are patients with no health insurance coverage for any health care service, health insurance that does not cover a particular service rendered or health insurance that does not cover the particular procedure for which the individual sought treatment.

Other/Unknown 6
 Includes, unknown and other sources not specified above.

EDIT A required field. Error if greater than 6, 0 or blank.

EXAMPLE 4

PAY-SRC-2 SECONDARY PAYER N 1 081 - 081 R

FORMAT Same as Primary Payer. Value Definition Changes.

EDIT Error if > 6 or 0. Blank if not used.

EXAMPLE 3

PHY-ID ATTENDING PHYSICIAN A/N 11 082 - 92 L

FORMAT Provider is the individual who has overall responsibility for the patient's medical care and treatment reported in this claim / encounter. Use referring physician for Outpatient claim if no attending.

NPI 11 Characters

EDIT A required field.

EXAMPLE 458N3211001

OPER-PHY-ID OPERATING PHYSICIAN A/N 11 93 - 103 L

FORMAT The ID number for the individual with the primary responsibility for performing the surgical procedure(s).

NPI 11 Characters

EDIT A required field if surgical procedure performed

EXAMPLE 458N3211001

BIRTH-DATE **DATE OF BIRTH OF THE PATIENT** **D** **8** **104 - 111** **R**

FORMAT An eight digit field. Use the MMDDYYYY format. This will be used to calculate the patient's age.

EDIT A required field.
Month - must be 01 through 12
Day - must be 01 through 31
Year - 4 digit (must contain century)
Date must be <= Admit Date.

EXAMPLE 05182000

SEX **PATIENT SEX** **A/N** **1** **112 - 112** **L**

FORMAT A one character code as follows:

Male M
Female F
Unknown U

EDIT A required field.
Error if not M, F or U.

EXAMPLE M

ETHNICITY **PATIENT ETHNICITY** **N** **1** **113 – 113** **R**

FORMAT A one character code as follows:

No, not Hispanic or Latino 0
Yes, Hispanic or Latino 1
Undetermined 2

Edit A required field.
Error if not 0, 1 or 2

Example 0

UNITS-##	UNITS OF SERVICE	A quantitative measure of services rendered by revenue category to or for the patient to include items such as number of accommodation days, ancillary units of service or visits, etc.
	<u>EDIT</u>	An optional field. Error if the entry is not numeric. Error if the entry is a negative number.
	<u>EXAMPLE</u>	0000132

CHRGs-##	CHARGE DATA	Indicates total charges to the patient by specific revenue code groups. "Other" represents the balance of total charges for services not covered by the preceding revenue code groups. Zero filled if not used. Minimum reported charge of one dollar. Round to the nearest whole dollar.
	<u>EDIT</u>	An optional field if no charges are present in this category. Error if the entry is non-numeric. Error if the figure contains a decimal. Error if the amount is a negative number.
	<u>EXAMPLE</u>	<u>0 0 0 1 5 8 9</u>

REVENUE CODE GROUP INCLUSION LIST FOLLOWS ELEMENT LAYOUT INFO.

UNITS-1	UNITS OF SERVICE	N	7	121 - 127	R
CHRGs-1	CHARGES	N	7	128 - 134	R
UNITS-2 thru 30	UNITS OF SERVICE	N	7		
CHRGs-2 thru 30	CHARGES	N	7		
	29 Unit & Charge blocks of 14			135 – 540	R
CHRGs-31	TOTAL CHARGES	N	7	541 - 547	R

<u>ELEMENT</u>	<u>DESCRIPTION</u>	<u>REVENUE CODES INCLUDED IN FIELD GROUPINGS</u>
UNITS-1	General Accommodations (Med/Surg/Gyn)	010X - 016X, (excluding codes 0112-0114, 0122-0124, 0132-0134, 0142-0144, 0152-0154)
CHRGs-1		

UNITS-2	OB Accommodations	0112, 0122, 0132, 0142, 0152, 0720, 0721, 0722, 0723, 0724, 0729
CHRGs-2		
UNITS-3	Pediatric Accommodations	0113, 0123, 0133, 0143, 0153
CHRGs-3		
UNITS-4	Psychiatric	0114, 0124, 0134, 0144, 0154
CHRGs-4	Accommodations	
UNITS-5	Nursery	0170, 0171, 0172, 0173, 0179
CHRGs-5		
UNITS-6	Neonatal ICU	0174
CHRGs-6		
UNITS-7	Intensive Care	0200, 0201, 0202, 0204, 0206, 0209
CHRGs-7		
UNITS-8	Pediatric ICU	0203
CHRGs-8		
UNITS-9	Burn Unit	0207
CHRGs-9		
UNITS-10	Trauma	0208
CHRGs-10		
UNITS-11	Coronary Care	0210, 0211, 0212, 0213, 0214, 0219
CHRGs-11		
UNITS-12	Pharmacy/IV Therapy/Drugs Requiring Specific ID	0250, 0251, 0252, 0253, 0254, 0255, 0256, 0257, 0258, 0259, 0260, 0261, 0262, 0263, 0264, 0269, 0631, 0632, 0633, 0634, 0635, 0636, 0637
CHRGs-12		
UNITS-13	Laboratory/Pathological Laboratory	0300, 0301, 0302, 0303, 0304, 0305, 0306, 0307, 0309, 0310, 0311, 0312, 0314, 0319
CHRGs-13		
UNITS-14	Diagnostic/Therapeutic Radiology	0320, 0321, 0322, 0323, 0324, 0329, 0330, 0331, 0332 0333, 0335, 0339, 0400, 0401, 0402, 0403, 0404, 0409
CHRGs-14		
UNITS-15	Nuclear Medicine	0340, 0341, 0342, 0343, 0344,

CHRGs-15		0349
UNITS-16 CHRGs-16	CT Scan	0350, 0351, 0352, 0359
UNITS-17 CHRGs-17	Operating Room/Anesthesia Recovery Room	0360, 0361, 0362, 0367, 0369, 0370, 0371, 0372, 0374, 0379, 0710
UNITS-18 CHRGs-18	Respiratory Services/ Pulmonary Function	0410, 0412, 0413, 0419, 0460, 0469
UNITS-19 CHRGs-19	Physical/Occupational Therapy	0420, 0421, 0422, 0423, 0424, 0429, 0430, 0431, 0432, 0433, 0434, 0439, 0440, 0441, 0442, 0443, 0444, 0449
UNITS-20 CHRGs-20	Emergency Room	0450, 0451, 0452, 0456, 0459
UNITS-21 CHRGs-21	Cardiology	0480, 0481, 0482, 0483, 0489
UNITS-22 CHRGs-22	Ambulatory Surgical Care/ Outpatient Services/ Clinic/Freestanding Clinic	0490, 0499, 0500, 0509, 0510, 0511, 0512, 0513, 0514, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0524, 0525, 0526, 0527, 0528, 0529, 0750, 0790
UNITS-23 CHRGs-23	Osteopathic Services	0530, 0531, 0539
UNITS-24 CHRGs-24	MRI	0610, 0611, 0612, 0614, 0615, 0616, 0618, 0619
UNITS-25 CHRGs-25	EKG/ECG/EEG	0730, 0731, 0732, 0739, 0740
UNITS-26 CHRGs-26	Behavioral Health Treatment/ Services	0900, 0901, 0902, 0903, 0904, 0905, 0906, 0907, 0910, 0911, 0912, 0913, 0914, 0915, 0916, 0917, 0918, 0919
UNITS-27 CHRGs-27	Professional Fees	0960, 0961, 0962, 0963, 0964, 0969, 0971, 0972, 0973, 0974, 0975, 0976, 0977, 0978, 0979, 0981, 0982, 0983, 0984, 0985, 0986, 0987, 0988, 0989
UNITS-28	Oncology	0280, 0289

CHRG-28**UNITS-29
CHRG-29**

Observation Room

0762

**UNITS-30
CHRG-30**

All Other

Group all other revenue codes as listed below. The "X" represents 3rd digit classifications.**CHRG-31**

Total Charges

Must equal charge amounts included in fields CHRG-1 through CHRG-30.

REV CODES TO BE INCLUDED IN UNITS-30/CHRG-30

018X	Leave of Absence
022X	Special Charges
023X	Incremental Nursing Chrg Rate
024X	All Inclusive Ancillary
027X	Med/Surg Supplies & Devices
029X	Durable Medical Equipment
038X	Blood
039X	Blood Storage & Processing
047X	Audiology
062X	Med/Surg Supplies
067X	Outpatient Special Residence Chrg.
068X	Trauma Response Charge
069X	Not Assigned
070X	Cast Room
0760, 0761, 0769	Treatment Room
077X	Preventive Care Services
078X	Telemedicine – Future Use
080X	Inpatient Renal Dialysis
081X	Organ Acquisition
092X	Other Diagnostic Services
094X	Other Therapeutic Services
095X	Other Therapeutic Services
099X	Patient Convenience Items

REV. CODES TO BE EXCLUDED FROM UNITS-30/CHRG-30

019X	SNF Accommodation Codes
054X	Ambulance
055X	SNF
056X	Medical Social Services
057X	Home Health Aid
058X	Home Health Visit
059X	Home Health Unit of Service
060X	Home Health Oxygen
064X	Home IV Therapy
065X	Hospice
066X	Respite Care

Error if the date is not equal to or between the Admit and Discharge dates. Or if inpatient admission came from outpatient arena and procedure date is not within 3 days of admit-date.

	<u>EXAMPLE</u>	042707	
PROC-2 (2-60)	INPATIENT	A/N	7
	SECONDARY PROC		L
PROC-2-Date (2-60)	INPATIENT	D	6
	SECONDARY DATE		R
	59 PR & PR Date 13 Position Blocks		1109 - 1875

BIRTH-WEIGHT	NEWBORN/NEONATE	N	4	1876 - 1879	R
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FORMAT A four digit number for a newborn or neonate's weight at birth in grams. Neonate is defined as a patient whose age is less than 29 days.

EDIT A required field
Reported in grams, not lbs.

EXAMPLE 0132

PSYCH-REHAB	PSYCH & REHAB FLAG	N	1	1880 - 1880	L
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FORMAT Use only for patients that have been discharged from a psychiatric or rehabilitation unit within an acute care hospital. Use a 1 digit numeric code as follows:

Not Applicable 0
Psychiatric 1
Rehabilitation 2

EDIT A required field.
Error if not 0 - 2

EXAMPLE 1

PATIENT-NAME	PATIENTS NAME	A/N	29	1881 – 1909	L
	<u>FORMAT</u>	Last name, first name and middle initial of the patient as assigned by the payer. UB Form Locator 08 / Subfield b			
	<u>EDIT</u>	A required field – All three name values Will be in error if First or Last name missing Error if 100% Middle name missing			
	<u>EXAMPLE</u>	Smith,Jonathon,S			
LAST 4 SSN#	LAST FOUR DIGITS	N	4	1910 – 1913	L
	<u>FORMAT</u>	Last four digits of patient’s Social Security ID number.			
	<u>EDIT</u>	A required field. If not available populate with 9999			
	<u>EXAMPLE</u>	8296			
CPT 1 – 60	Outpatient CPT Code	POSITIONS	1914 – 2213	L	
	CPT FIELD ATTRIBUTES				
	<u>FORMAT</u>	Five digit Current Procedural Terminology Codes only. To be coded in lieu of ICD-9-CM for a hospital’s Outpatient claim			
	<u>EDIT</u>	Must be a valid 5 digit CPT code EXCLUDE CASE IF <u>ONLY</u> CPT RANGE 80000 – 89999 Pathology/Lab coded.			
	<u>EXAMPLE</u>	90568			
PATIENT-ADDR1	Patient Address Line 1	A/N	60	2214 – 2273	L
	<u>FORMAT</u>	Street address of patient’s residence.			
	<u>EDIT</u>	A Require Field Maximum 60 alpha/numeric characters			
	<u>EXAMPLE</u>	1234 Presidents Avenue			

PATIENT-ADDR2 Patient Address Line 2 A/N 60 2274 – 2333 L

FORMAT Supplemental street information of patient's residence.

EDIT A required field. Maximum 60 alpha/numeric characters

EXAMPLE Apartment A

CITY Patient's City A 30 2334 – 2363 L

FORMAT City name of patient's residence

EDIT A required field. Maximum 30 alpha/numeric characters

EXAMPLE Indianapolis

STATE Patient's State A 2 2364 – 2365 L

FORMAT State abbreviation of patient's residence

Standard State Abbreviation
Guam = GU
Puerto Rico = PR
Virgin Islands = VI
Out of County = XX

EDIT A required field. 2 character field.

EXAMPLE IN

*** NEW REVISION *
Revised 02/11/2019**

IHA Outpatient Definition

Hospital-owned or Operated Clinics Organized Outpatient Unit or Service

****Exclude cases with CPT Codes: 80000 – 89999 ONLY
NO Pathology & Lab ONLY cases***

The IHA outpatient database contains all outpatient surgeries & medical outpatient visits at the hospital-owned or operated outpatient treatment sites as defined below:

Definitions:

Outpatient: An individual seeking personal health services who is not currently admitted to any health care institution on the premises.

Outpatient visit: A direct personal exchange between a patient and physician or other health care professional for the purpose of seeking care and rendering personal health services.

Patient Classification: If the Patient Type is defined by a revenue code grouping, that grouping will correlate to a Unit/Charge field in the file specifications. We will use that field to flag each record. Example, if a patient is submitted to the IHA with Unit-20 / Charge-20 populated and Unit-26 / Charge-26, that patient will have two service flags turned on for “Emergency Services” and “Psychiatric, Chem Dependency, Social Services”.

Patient Type

Requirements for Submission

Emergency Services	UB-04 revenue codes 450 – 459 IHA Unit-20 / Charge-20
Outpatient Surgery	Will be defined by CPT coding
Cardiac Diagnostic & Treatment	UB-04 revenue codes 480 – 489 IHA Unit-21 / Charge-21
Observation Short Stay	UB-04 revenue code 762 IHA Unit-29 / Charge-29
Occupational Therapy, Physical Therapy Physical Rehabilitation, Occupational Health	UB-04 revenue code range groupings 420 – 429 Physical Therapy 430 – 439 Occupational Therapy IHA Unit-19 / Charge-19
Outpatient Newborn Delivery	
Psychiatric, Chemical Dependency Social Services	UB-04 revenue code range groupings 900 – 909 Psychiatric/Psychological Treatments and 910 – 919 Psychiatric/ Psychological Services IHA Unit-26 / Charge-26