

(Revised 5/04/11)

Maryland Hospital Outpatient Data Submission Elements and Format
(As referenced in COMAR 10.37.04.01)

Outpatient Data Elements

- A. Data Elements. Data elements shall be reported in the following manner:
- (1) Record Type 1 shall be used to report patient demographic and case-mix information; and
 - (2) Record Type 2 shall be used to report patient revenue data.
- B. Record Type 1. Data elements for Record Type 1 include the following:
- (1) Medicare Provider Number. Enter on this line the 6-digit Medicare provider number assigned to the hospital. For example, enter 210099.
 - (2) Medical Record Number. Enter on this line the unique number assigned by the hospital for the patient's medical record. For purposes of complying with Commission reporting requirements, this number may not change regardless of the number of visits for any particular patient during the patient's lifetime.
 - (3) Patient Account Number. Enter on this line the unique number assigned by the hospital for this patient encounter or visit. For Commission reporting requirements, this number is related to a single service encounter or visit. This number will change with each encounter or visit reported.
 - (4) From Date of Service. Enter on this line the month, day, and year for the first day of the specific patient encounter or visit. For example, for April 2, 2007, enter 04022007 (mmddyyyy).
 - (5) Through Date of Service. Enter on this line the month, day, and year for the last day covering the specific patient encounter or visit. For example, for April 3, 2007, enter 04032007 (mmddyyyy).
 - (6) Record Type. Enter the record type in accordance with the instructions described in the Outpatient Data Format section.
 - (7) Surgery. Enter on this line the nature of the patient's surgery, or not applicable, using the following coding:

(a)	Emergency – The patient requires immediate surgery	01
(b)	Elective – The patient's condition permits adequate time to schedule the surgery	02
(c)	Delivery	03
(d)	Other	04
(e)	Unknown	09
(f)	Not applicable	00
 - (8) Source of Admission. Enter on this line the source of admission. This is the location of the patient immediately before admission. Use the following codes:

(a)	Emergency room of another acute general hospital	01
(b)	Emergency room of same hospital	02
(c)	Admitted from a nursing home	03
(d)	Admitted from another health-related institution	

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- | | | |
|-----|--|----|
| | (domiciliary care, psychiatric hospital, mental retardation facility, halfway house, etc.) | 04 |
| (e) | Admitted from home, including physician's office or any other non-institutional source | 05 |
| (f) | Other | 06 |
| (g) | Clinic or another acute general hospital | 07 |
| (h) | Clinic of same hospital | 08 |
| (i) | Unknown | 09 |
| (j) | Chronic hospital | 10 |
| (k) | Not applicable | 00 |
- (9) Date of Birth. Enter on this line the month, day, and four digit year of the patient's birth. For example, for April 24, 1925, enter 04241925 (mm/dd/yyyy). Enter 9s when the exact month, day, or year is unknown.
- (10) Sex. Enter the sex of the patient using the following codes:
- | | | |
|-----|---------|---|
| (a) | Male | 1 |
| (b) | Female | 2 |
| (c) | Unknown | 9 |
- (11) Race. Enter on this line the race of the patient using the following codes:
- | | | |
|-----|-----------------------------------|---|
| (a) | White | 1 |
| (b) | African American | 2 |
| (c) | Asian or Pacific Islander | 3 |
| (d) | American Indian, Eskimo, or Aleut | 4 |
| (e) | Other | 5 |
| (f) | Biracial | 6 |
| (g) | Unknown | 9 |
- (12) Ethnicity. Enter on this line the ethnicity of the patient using the following codes:
- | | | |
|-----|-----------------------------------|---|
| (a) | Spanish or Hispanic origin | 1 |
| (b) | Not of Spanish or Hispanic origin | 2 |
| (c) | Unknown | 9 |
- (13) Marital Status. Enter on this line the marital status of the patient using the following codes:
- | | | |
|-----|------------------|---|
| (a) | Single | 1 |
| (b) | Married | 2 |
| (c) | Separated | 3 |
| (d) | Divorced | 4 |
| (e) | Widow or widower | 5 |
| (f) | Unknown | 9 |
- (14) Area of Residence. Enter on this line the residence of the patient using the following codes:
- | | | |
|-----|---------------------|----|
| (a) | Allegany County | 01 |
| (b) | Anne Arundel County | 02 |
| (c) | Baltimore County | 03 |
| (d) | Calvert County | 04 |
| (e) | Caroline County | 05 |
| (f) | Carroll County | 06 |
| (g) | Cecil County | 07 |

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(h)	Charles County	08
(i)	Dorchester County	09
(j)	Frederick County	10
(k)	Garrett County	11
(l)	Harford County	12
(m)	Howard County	13
(n)	Kent County	14
(o)	Montgomery County	15
(p)	Prince George's County	16
(q)	Queen Anne's County	17
(r)	St. Mary's County	18
(s)	Somerset County	19
(t)	Talbot County	20
(u)	Washington County	21
(v)	Wicomico County	22
(w)	Worcester County	23
(x)	Unidentified Maryland	29
(y)	Baltimore City	30
(z)	Delaware	39
(aa)	Pennsylvania	49
(bb)	West Virginia	59
(cc)	Virginia	69
(dd)	District of Columbia	79
(ee)	Foreign	89
(ff)	Other states	98
(gg)	Unidentified or unknown	99

- (15) Residence Zip Code. Enter on this line the five digit zip code of the patient's home address. For example, enter 21215.
- (16) Primary Health Plan Payer. Enter on this line the primary payer, such as the health maintenance organization (HMO), point of service plan (POS), Medicaid HMO, Medicare HMO, commercial, or similar payer, that corresponds to the primary payer for data item (18) using the following codes:
- | | | |
|--------|----------------------------------|----|
| (a) | Primary Adult Care (PAC) | |
| (i) | Amerigroup | 01 |
| (ii) | Jai Medical Group | 02 |
| (iii) | Maryland Physicians Care | 03 |
| (iv) | Priority Partners | 04 |
| (v) | United HealthCare | 05 |
| (b) | HMO or POS: | |
| (i) | Aetna Health Plans | 30 |
| (ii) | CareFirst Blue Choice | 31 |
| (iii) | Cigna Healthcare of Mid-Atlantic | 32 |
| (iv) | Coventry Health Plan of Delaware | 33 |
| (v) | Kaiser Permanente | 34 |
| (vi) | MAMSI | 35 |
| (vii) | United Healthcare | 36 |
| (viii) | Other HMO or POS | 37 |

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(c) Medicaid MCO or HMO:

(i)	Amerigroup	42
(ii)	Coventry Health Plan of Delaware (Diamond Plan)	43
(iii)	Helix Family Choice, Inc.	44
(iv)	JAI Medical Group	45
(v)	Medicaid/Uninsured APS-MD (psychiatric payer)	46
(vi)	Maryland Physicians Care	47
(vii)	Priority Partners	48
(viii)	United Healthcare (Americhoice)	49
(ix)	Other Medicaid MCO or HMO	50

(d) Medicare HMO:

(i)	Aetna (Golden Choice)	55
(ii)	ElderHealth	56
(iii)	United Healthcare (Evercare)	57
(iv)	Other Medicare HMO	58

(e) Commercial (Indemnity), PPO, PPN, or third party administrators (TPAs):

(i)	Aetna	65
(ii)	CareFirst-CareFirst of Maryland, Inc (BC/BS Plan #190/690)	66
(iii)	CareFirst-Group Hospitalization and Medical Services Inc (NonHMO)(BC/BS Plan #080/580)(Federal Employee Program)	67
(iv)	CCN/First Health	68
(v)	Cigna	69
(vi)	Employer Health Plan (EHP)	70
(vii)	Fidelity Benefits Administrator	71
(viii)	Great West One Plan	72
(ix)	Kaiser Permanente	73
(x)	MAMSI (that is, Alliance PPO and MAMSI Life and Health)	74
(xi)	National Capital PPO (NCPPO)	75
(xii)	Private Health Care Systems (PHCS)	76
(xiii)	Other commercial, PPO, PPN, or TPA	77

(f) Behavioral health:

(i)	American Psychiatric Systems (APS)	85
(ii)	Cigna Behavioral Health	86
(iii)	ComPsych	87
(iv)	Magellan	88
(v)	Managed Health Network	89
(vi)	United Behavioral Health	90
(vii)	Value Options	91
(viii)	Other behavioral health	92

(g) Other government programs:

(i)	MD Health Insurance Plan (MHIP) EPO	93
(ii)	MD Health Insurance Plan (MHIP) PPO	94
(iii)	Tricare (such as Health Net)	95
(iv)	Uniformed Services Family Health Plan (USFHP)	96

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(v)	Other miscellaneous government programs	97
(h)	Other:	
(i)	Unknown	99
(ii)	Not applicable	00

(16-1) Secondary Health Plan Payer. Enter on this line the secondary payer, such as the health maintenance organization (HMO), point of service (POS), Medicaid HMO, Medicare HMO, commercial, or similar payer, that corresponds to the secondary payer for data item (19) using the following codes:

(a)	Primary Adult Care (PAC) MCO	
(i)	Amerigroup	01
(ii)	Jai Medical Group	02
(iii)	Maryland Physicians Care	03
(iv)	Priority Partners	04
(v)	United HealthCare	05
(b)	HMO or POS:	
(i)	Aetna Health Plans	30
(ii)	CareFirst Blue Choice	31
(iii)	Cigna Healthcare Mid-Atlantic	32
(iv)	Coventry Health Plan of Delaware	33
(v)	Kaiser Permanente	34
(vi)	MAMSI	35
(vii)	United Healthcare	36
(viii)	Other HMO or POS	37
(c)	Medicaid MCO or HMO:	
(i)	Amerigroup	42
(ii)	Coventry Health Plan of Delaware (Diamond Plan)	43
(iii)	Helix Family Choice, Inc.	44
(iv)	JAI Medical Group	45
(v)	Medicaid/Uninsured APS– Maryland (psychiatric payer)	46
(vi)	Maryland Physicians Care	47
(vii)	Priority Partners	48
(viii)	United Healthcare (Americhoice)	49
(ix)	Other Medicaid MCO or HMO	50
(d)	Medicare HMO:	
(i)	Aetna (Golden Choice)	55
(ii)	ElderHealth	56
(iii)	United Healthcare (Evercare)	57
(iv)	Other Medicare HMO	58
(e)	Commercial (Indemnity), PPO,PPN, or third party administrators (TPAs):	
(i)	Aetna	65
(ii)	CareFirst- CareFirst of Maryland, Inc (BC/BS Plan #190/690)	66
(iii)	CareFirst- Group Hospitalization and Medical Services, Inc (NonHMO) (BC/BS Plan	

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	#080/580) (Federal Employee Program)	67
(iv)	CCN/First Health	68
(v)	Cigna	69
(vi)	Employer Health Plan (EHP)	70
(vii)	Fidelity Benefits Administrator	71
(viii)	Great West One Plan	72
(ix)	Kaiser Permanente	73
(x)	MAMSI (that is, Alliance PPO and MAMSI Life and Health)	74
(xi)	National Capital PPO (NCPPO)	75
(xii)	Private Health Care Systems (PHCS)	76
(xiii)	Other commercial, PPO, PPN, or TPA	77
(f)	Behavioral health:	
(i)	American Psychiatric Systems (APS)	85
(ii)	Cigna Behavioral Health	86
(iii)	ComPsych	87
(iv)	Magellan	88
(v)	Managed Health Network	89
(vi)	United Behavioral Health	90
(vii)	Value Options	91
(viii)	Other behavioral health	92
(g)	Other Government Programs:	
(i)	MD Health Insurance Plan (MHIP) EPO	93
(ii)	MD Health Insurance Plan (MHIP) PPO	94
(iii)	Tricare (such as Health Net)	95
(iv)	Uniformed Services Family Health Plan (USFHP)	96
(v)	Other miscellaneous government programs	97
(h)	Other:	
(i)	Unknown	99
(ii)	Not applicable	00
(17)	Disposition of Patient. Enter on this line the disposition of the patient's encounter using the following coding. If the disposition is not available for this encounter please enter "00 not applicable."	
(a)	Discharged to home or self care, including discharge to prison or other nonmedical custodial care facility.	01
(b)	Discharged or transferred to another short-term general hospital for inpatient care	02
(c)	Discharged or transferred to skilled nursing facility (SNF)	03
(d)	Discharged or transferred to an intermediate care facility (ICF)	04
(e)	Discharged to another acute care (medical or surgical) hospital	05
(f)	Discharged to home under care of organized home health service organization	06
(g)	Left against medical advice or discontinued care	07
(h)	Discharged to another health care facility such as a chronic, psychiatric, chemical dependency, veterans, or hospice	

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	facility	08
(i)	Admitted as inpatient to this hospital	09
(j)	Discharged to rehabilitation facility	10
(k)	Discharged to rehabilitation unit of other acute care hospital	11
(l)	Discharged to on-site distinct rehabilitation unit	12
(m)	Expired	20
(n)	Hospice at home	50
(o)	Hospice at another medical facility	51
(p)	Discharged or transferred within this institution to a hospital-based, Medicare-approved swing bed	61
(q)	Discharged, transferred, or referred to another institution for outpatient services as specified by the discharge plan of care	71
(r)	Discharged, transferred, or referred to this institution for outpt services as specified by the discharge plan of care	72
(s)	Unknown	99
(t)	Not applicable	00
(18)	Expected Primary Payer. Enter on this line the anticipated source of payment for the major portion of the patient's hospital expenses using the following coding:	
(a)	Medicare- Only Fee for Service Medicare	01
(b)	Medicaid - Only Fee for Service Medicaid	02
(c)	Title V	03
(d)	Blue Cross of Maryland- Indemnity and NASCO. Requires the selection of value 66 from data item (16) Do not include Blue Cross HMO Products.	04
(e)	Commercial insurance or PPO- Requires additional payer definition from data item (16).	05
(f)	Other government program- Requires additional payer definition from data item (16).	06
(g)	Workers' compensation	07
(h)	Self-pay	08
(i)	Charity or no-charge. Charity care represents health care services that are provided but are never expected to result in cash flow.	09
(j)	Other	10
(k)	Donor	11
(l)	Managed care payer. Requires additional payer definition from data item (16). Do not include Medicare and Medicaid managed care payers.	12
(m)	Do not use	13
(n)	Medicaid managed care payer- Requires additional payer definition from data item (16)	14
(o)	Medicare managed care payer- Requires additional payer definition from data item (16).	15
(p)	Blue Cross- NCA- Indemnity only. Requires the selection of value 67 from data item (16)(d).	16
(q)	Blue Cross- Other state	17

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- | | | |
|--|-------------|----|
| | (r) Unknown | 99 |
|--|-------------|----|
- (19) Secondary Payer. Enter on this line the other source of payment, if any, that is expected to be responsible for a portion of the patient's hospital expenses using the following coding:
- | | | |
|-----|---|----|
| (a) | Medicare- Only Fee for Service Medicare | 01 |
| (b) | Medicaid- Only Fee for Service Medicaid | 02 |
| (c) | Title V | 03 |
| (d) | Blue Cross of MD- Indemnity and NASCO. Requires the selection of value 66 from data item (16-1)(d). | 04 |
| (e) | Commercial insurance or PPO - Requires additional payer definition from data item (16-1). | 05 |
| (f) | Other government program- Requires additional payer definition from data item (16-1). | 06 |
| (g) | Worker's compensation | 07 |
| (h) | Self-pay | 08 |
| (i) | Charity or no-charge. Charity care represents health care services that are provided but are never expected to result in cash flow. | 09 |
| (j) | Other | 10 |
| (k) | Donor | 11 |
| (l) | Managed care payer. Requires additional payer definition from data item (16-1). Do not include Medicare and Medicaid managed care payers. | 12 |
| (m) | Do not use | 13 |
| (n) | Medicaid managed care payer- Requires additional payer definition from data item (16-1). | 14 |
| (o) | Medicare managed care payer- Requires additional payer definition from data item (16-1). | 15 |
| (p) | Blue Cross- NCA- Indemnity only. Requires the selection of value 67 from data item (16-1)(d). | 16 |
| (q) | Blue Cross- Other state | 17 |
| (r) | Not applicable. Only applicable if primary payer is Medicaid (including Medicaid HMO) or Self Pay | 77 |
| (s) | Unknown | 99 |
- (20) Operating Physician. The operating physician is the physician who performed the principal procedure. Enter on this line the unique physician MedChi number. For example, enter 123456.
- (21) Reserved for Future Use.
- (22) Principal Diagnosis. Enter on this line the ICD-9-CM coding for the principal diagnosis. The principal diagnosis is the condition established, after study, to be chiefly responsible for the outpatient services performed during this visit. A working diagnosis is acceptable in the absence of a confirmed diagnosis. If only testing is done and the physician requesting the test does not furnish the diagnosis, use the ICD-9-CM code for Persons Without Reported Diagnosis Encountered During Examination (see ICD-9-CM codes V70-V82).
- (23) Other Diagnosis I. Enter in each appropriate field the ICD-9-CM coding for the secondary diagnoses per the ICD-9-CM coding guidelines.
- (24) Other Diagnosis II.

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- (25) Other Diagnosis III.
- (26) Other Diagnosis IV.
- (27) Other Diagnosis V.
- (28) Other Diagnosis VI.
- (29) Other Diagnosis VII.
- (30) Other Diagnosis VIII.
- (31) Other Diagnosis IX.
- (32) Other Diagnosis X.
- (33) Other Diagnosis XI.
- (34) Other Diagnosis XII.
- (35) Other Diagnosis XIII.
- (36) Other Diagnosis XIV.
- (37) Other Diagnosis XV.
- (38) External Cause of Injury Code (E-Code). The E-Code is required for emergency room cases only. Enter on this line the ICD-9-CM code for the external cause of injury, poisoning, or adverse reaction. The E-Code shall be reported whenever an injury is the principal diagnosis or directly related to the principal diagnosis. Additional E-Codes, including place of occurrence codes, may be recorded in the other diagnosis fields as space permits. Enter prefix letter E, left justified, blank fill on right.)
- (39) Number of Encounters/Visits. Enter on this line the number of visits associated with the record. If the record represents a “series account” where the claim remained open for recurring visits, enter the number of visits included in the record. For all other records, enter 1. Do not leave blank or enter 0.
- (40) Admitting Diagnosis. Enter on this line the ICD-9-CM code for the admitting diagnosis of the outpatient. This is the presenting reason for the visit reported by the patient.
- (41) Condition Codes (a-e). Enter on this line the 2-digit alphanumeric code. Up to 5 condition codes are accepted.
- (42) Occurrence Span Codes and Dates. Enter on this line the 2-digit alphanumeric code along with the associated date in mmddyyyy (month, day, year) format.
- (43) Value Code for Accident Hour and Appropriate Code for Time. Enter on this line the 2-digit value code for accident hour and the 2-digit code for indicating the time of the accident.

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- (44) Bill Type. Enter on this line the 3-digit bill type that is reported on the UB04.
- (45) Reserve Flag – Upper case letters should be used. Leave blank if not applicable.
- | | |
|---|---|
| (a) Plastic Surgery with “revenue give-up” | P |
| (b) Greenbaum Cancer Center | G |
| (c) UMMS Shock Trauma | S |
| (d) Visit includes hourly observation charges | O |
- (45-1) Operating Physician NPI.
- (a) Enter on this line the operating physician’s National Provider Identifier.
 (b) The operating physician is the physician who performed the principal procedure.
- (45-2) Medicaid ID Number. Medicaid ID Number field will be alphanumeric can contain letters and numbers) and left justified. The default values for Medicaid ID Number are as follows:
- Use all 7's for N/A (for all non-Medicaid patients only)
 - Use all 9's for unknown (for Medicaid patients only)
- (45-3) Reserved for Future Use.
- (46) Ambulance Run Number. A Maryland Ambulance Information System (MAIS) participant is defined as a municipal, volunteer, or commercial emergency medical service unit, including both air and ground means, based in Maryland. A standardized MAIS form is used by most municipal and volunteer units. All commercial units use a similar standardized form specific for commercial needs. If the method of arrival is by a MAIS participant, enter on this line the 11-digit prestamped runsheet number found in the upper right-hand portion of the form. If the runsheet number is not available and the patient arrived by ambulance, enter 7777777777. If the patient did not arrive by ambulance, enter 0000000000. The Ambulance RunSheet Number should follow current rules as applicable
- (47) Reserved for Future Use.
- (48) Visit, Daily Visit, or Encounter Type. The encounter type is defined by the type of rate center charge in the record. If there is more than one type of rate center charge in the record, the encounter type is based on the following priority:
- | | |
|--|----|
| (a) OR, OR Clinic, or SDS = Outpatient Surgery | 04 |
| (b) Emergency Services = Emergency Room | 02 |
| (c) Clinic Services = Clinic | 01 |
| (d) Labor and Delivery | 03 |
| (e) All other outpatient | 05 |
- (49) Reserved for Future Use.

C. Record Type 2. Data elements for Record Type 2 include the following.

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- (1) Medicare Provider Number. Enter on this line the 6-digit Medicare provider number assigned to the hospital. For example, enter 210099.
- (2) Medical Record Number. Enter on this line the unique number assigned by the hospital for the patient's medical record. For purposes of complying with HSCRC reporting requirements, this number may not change regardless of the number of visits for any particular patient during the patient's lifetime.
- (3) Patient Account Number. Enter on this line the unique number assigned by the hospital for this patient encounter or visit. For HSCRC reporting requirements, this number is related to a single service encounter or visit. This number will change with each encounter or visit reported.
- (4) From Date of Service. Enter on this line the month, day, and year for the first day of the specific patient encounter or visit. For example, for April 2, 2007, enter 04022007 (mmddyyyy).
- (5) Thru Date of Service. Enter on this line the month, day, and year for the last day covering the specific patient encounter or visit. For example, for April 3, 2007, enter 04032007 (mmddyyyy).
- (6) Record Type. Enter on this line the record type in accordance with the instructions described in the Outpatient Data Format section.
- (7) Outpatient Service and Revenue Detail.
 - (a) Enter on this line the revenue code, the rate center code associated with the revenue code, the units of service, the charges for services, the CPT or HCPCS associated with the revenue code, and up to 5 modifiers, if appropriate, related to the procedure codes using the UB92 claim form data. The charges should not include Part B physician charges or charges not regulated by the HSCRC.
 - (b) For each patient, there will be multiple occurrences of revenue data. The revenue code, rate center code, units of service, charges, CPT or HCPCS codes (follow UB04 guidelines for reporting multiple surgical procedure codes) and modifiers should be reported to the Medicare level of specificity as follows:

(50.1-10a) Revenue Code- A code which identifies a specific service or billing calculation;

(50.1-10b) Rate Center Code. This code identifies the HSCRC rate center to which the related UB Revenue Code and charges are mapped:

Medical Surgical Acute (MSG)	01
Pediatrics Acute (PED)	02
Psychiatric Acute (PSY)	03
Obstetrics Acute (OBS)	04
Definitive Observation (DEF)	05
Medical Surgical ICU (MIS)	06
Coronary Care (CCU)	07
Pediatric ICU (PIC)	08
Neonatal ICU (NEO)	09
Burn Care (BUR)	10
Psychiatric ICU (PSI)	11
Shock Trauma (TRM)	12
Oncology (ONC)	13

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Newborn Nursery (NUR)	14
Premature Nursery (PRE)	15
Rehabilitation (RHB)	16
Intermediate Care (ICC)	17
Chronic Care (CRH)	18
Adult Psych (PAD)	19
Child Psych (PCD)	20
Psych Geriatric (PSG)	21
Normal Delivery (ND)	22
Normal Newborn (NNB)	23
Respiratory Dependent (RDS)	24
Adolescent Neuropsychiatry (ADD)	25
Pediatric Specialty (PSP)	26
Pediatric Step Down (PSD)	27
Emergency Services (EMG)	28
Clinic Services (CL)	29
Clinic Services Primary (CLP)	30
O/P Surg – Proc Based (AMS)	31
Psych. Day & Night Care Serv (PDC)	32
Same Day Surgery (SDS)	33
Free Standing Emergency Services (FSE)	34
Oncology Clinic (OCL)	35
Referred Ambulatory (REF)	36
Shock Trauma O/P (TRO)	37
Lithotripsy (LIT)	38
Labor & Delivery Services (DEL)	39
Operating Room (OR)	40
Anesthesiology (ANS)	41
Laboratory Services (LAB)	42
Electrocardiography (EKG)	43
Electroencephalography (EEG)	44
Radiology – Diagnostic (RAD)	45
Radiology – Therapeutic (RAT)	46
Nuclear Medicine (NUC)	47
CAT Scanner (CAT)	48
Respiratory Therapy (RES)	49
Pulmonary Function Testing (PUL)	50
Renal Dialysis (RDL)	51
Physical Therapy (PTH)	52
Occupational Therapy (OTH)	53
Speech Language Pathology (STH)	54
Organ Acquisition (OA)	55
Ambulatory Operating Room (AOR)	56
Leukopheresis (LEU)	57
Hyperbaric Chamber (HYP)	58
Audiology (AUD)	59
Other Physical Medicine (OPM)	60
Magnetic Resonance Imaging (MRI)	61
Ambulance Service Rebundled (AMR)	62
Transurethral MicW Thermometer (TMT)	63
Admission Services (ADM)	64

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Medical Surgical Supplies (MSS)	65
Med/Surg Extraordinary (MSE)	66
Drugs (CDS)	67
Individual Therapy (ITH)	68
Group Therapies (GTH)	69
Activity Therapy (ATH)	70
Family Therapy (FTH)	71
Psych Testing (PST)	72
Education (PSE)	73
Recreational Therapy (REC)	74
Electroconvulsive Therapy (ETH)	75
Psych Therapy (PSH)	76
Transurethral Needle Ablation (TNA)	77
Cardiac Catheterization Lab (IVC)	78
Operating Room Clinic Services (ORC)	79
Observation (OBV)	80
Ungroupable	89
Where UB = 9999 (Total Charge)	00

- (50.1-10c) Units of Service – Enter the units of service (as defined in Appendix D of the HSCRC Accounting and Budget Manual) associated with the rate center. For the Medical Surgical Supplies and Organ Acquisition rate centers, enter 0. For the Drug rate center, enter the units as defined by the J-code description.
- (50.1-10d) Total charges- total charges, by revenue code, associated with the related revenue code;
- (50.1-10e) CPT or HCPCS code;
- (50.1-10f) Modifier 1- Can be alpha or numeric characters;
- (50.1-10g) Modifier 2- Can be alpha or numeric characters;
- (50.1-10h) Modifier 3- Can be alpha or numeric characters;
- (50.1-10i) Modifier 4- Can be alpha or numeric characters;
- (50.1-10j) Modifier 5- Can be alpha or numeric characters; and
- (50.1-10k) Date of service, enter in month, day, year format. For example, for April 3, 2007, enter 04032007 (mmddyyyy).

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Outpatient Data Format

- A. For each patient record, the data elements described in Regulation .03 of this chapter form one Type 1 record of 550 characters and one or more Type 2 records of 550 characters each. The record type is always identified in the 54th character of the record.
- B. The Type 1 record contains the patient's medical record information and the Type 2 record or records contain the patient's revenue data. Each Type 2 record can hold up to 10 occurrences of revenue data. The last occurrence of revenue data shall contain the total charges for the patient. Any unused occurrences between the last occurrence (total charges) and position 550 should be filled with blanks. For example, a patient record with:
- (1) 3 occurrences will have one Type 1 record of 550 characters and one Type 2 record of 550 characters that has a total of 4 occurrences of revenue data consisting of 3 occurrences plus 1 for total charges; and
 - (2) 25 occurrences will have one Type 1 record of 550 characters and three Type 2 records of 550 characters with the third Type 2 record holding 6 occurrences of revenue data. The first Type 2 record holds 10 occurrences, the second Type 2 record holds the next 10 occurrences, and the third Type 2 record holds 5 occurrences and the occurrence for total charges.
- C. Alphabetic characters may only be used for recording diagnosis codes, procedure codes, condition codes, occurrence span codes, reserve flag fields, and Medicaid ID Numbers.
- D. All fields except diagnoses, procedures, patient account numbers and Medicaid ID Numbers are right justified.
- E. Decimal points may not be used with numeric data, such as diagnosis codes, procedure codes, and revenue data.
- F. Delivery method shall be in electronic format, pushed to vendors web-based file repository using SSL encryption over a private point-to-point data circuit.

The logical record length shall be 550 characters. One file only shall be submitted for each hospital for each calendar quarter of data. The data file must be standard ASCII text file. The data can be compressed if necessary into .zip files that are compatible / readable natively by the MS Window Operating Systems (Windows 2000, Windows XP, Windows Vista, or Windows 7). No special programs should be necessary to decompress the data files. Each data submission must be accompanied by an approved submittal form. Electronic copies of the submittal form can be obtained by request from the HSCRC vendor.

All electronic methods *will require* users to utilize a system purchased by the HSCRC vendor known as "Repliweb Managed File Transfer" as the front-end application used to move files back and forth. The system utilizes an nsProtect Advanced SSL certificate to fully encrypt the data being transferred.

Hospitals are recommended to use Internet browsers that are capable of using 256-bit AES encryption. The above methods simply revolve around the security and connectivity architecture between the hospital and the HSCRC vendor.

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Record Type 1:

Data Item	Record Position	Field Length	Data Item and Code Description
1	1-6	6	Medicare provider number: xxxxxxx
2	7-19	13	Medical record number: nnnnnnnnnnnnnn
3	20-37	18	Patient account number: xxxxxxxxxxxxxxxxxxxx, Left justify
4	38-45	8	From date of service: MMDDYYYY (month, day, year)
5	46-53	8	Thru date of service: MMDDYYYY (month, day, year)
6	54	1	Record type
7	55-56	2	Nature of surgery: 01 Emergency 02 Elective 03 Delivery 04 Other 09 Unknown 00 Not applicable
8	57-58	2	Source of admission: 01 ER of another acute hospital 02 ER of same hospital 03 Nursing home 04 Other health institution 05 Admitted from home 06 Other 07 Clinic of another acute hospital 08 Clinic of same hospital 09 Unknown 10 Chronic hospital 00 Not applicable

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Data Item	Record Position	Field Length	Data Item and Code Description
9	59-66	8	Date of birth: MMDDYYYY (month, day, year) 01 through 12 Months or 99 Unknown Months 01 through 31 Days or 99 Unknown Days xxxx Year or 9999 Unknown Year
10	67	1	Sex: 1 Male 2 Female 9 Unknown
11	68	1	Race: 1 White 2 African American 3 Asian or Pacific Islander 4 American Indian, Eskimo, or Aleut 5 Other 6 Biracial 9 Unknown
12	69	1	Ethnicity: 1 Spanish or Hispanic origin 2 Not of Spanish or Hispanic origin 9 Unknown
13	70	1	Marital Status: 1 Single 2 Married 3 Separated 4 Divorced 5 Widow or widower 9 Unknown

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Data Item	Record Position	Field Length	Data Item and Code Description
14	71-72	2	Area of residence (county code): 01 Allegany County 02 Anne Arundel County 03 Baltimore County 04 Calvert County 05 Caroline County 06 Carroll County 07 Cecil County 08 Charles County 09 Dorchester County 10 Frederick County 11 Garrett County 12 Harford County 13 Howard County 14 Kent County 15 Montgomery County 16 Prince George's County 17 Queen Anne's County 18 St Mary's County 19 Somerset County 20 Talbot County 21 Washington County 22 Wicomico County 23 Worcester County 29 Unidentified Maryland 30 Baltimore City (independent city) 39 Delaware 49 Pennsylvania 59 West Virginia 69 Virginia 79 District of Columbia 89 Foreign 98 Other states 99 Unknown
15	73-77	5	Residence zip code: xxxxx Residence zip code 77777 Foreign 99999 Unknown

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Data Item	Record Position	Field Length	Data Item and Code Description
16	78-79	2	<p>Primary Health Plan Payer: Primary Adult Care (PAC) MCO: 01 Amerigroup 02 Jai Medical Group 03 Maryland Physicians Care 04 Priority Partners 05 United HealthCare</p> <p>HMO or POS: 30 Aetna Health Plans 31 CareFirst Blue Choice 32 Cigna Healthcare of Mid-Atlantic 33 Coventry Health Plan of Delaware 34 Kaiser Permanente 35 MAMSI 36 United Healthcare 37 Other HMO or POS</p> <p>Medicaid MCO or HMO: 42 Amerigroup 43 Coventry Health Plan of Delaware (Diamond Plan) 44 Helix Family Choice, Inc. 45 JAI Medical Group 46 Medicaid/Uninsured APS-Maryland (psychiatric payer) 47 Maryland Physicians Care 48 Priority Partners 49 United Healthcare (Americhoice) 50 Other Medicaid MCO or HMO</p> <p>Medicare HMO: 55 Aetna (Golden Choice) 56 ElderHealth 57 United Healthcare (Evercare) 58 Other Medicare HMO</p>

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Data Item	Record Position	Field Length	Data Item and Code Description
			Commercial (Indemnity), PPO, PPN, or 3rd party adminis. (TPAs):
			65 Aetna
			66 CareFirst-Carefirst of Maryland, Inc. (BC/BS Plan #190/690)
			67 CareFirst- Group Hospitalization & Medical Services Inc (NonHMO) (BC/BS Plan #080/580) (Federal Employee Program)
			68 CCN/First Health
			69 Cigna
			70 Employer Health Plan (EHP)
			71 Fidelity Benefits Administrator
			72 Great West One Plan
			73 Kaiser Permanente
			74 MAMSI (that is, Alliance PPO and MAMSI Life and Health)
			75 National Capital PPO (NCPPO)
			76 Private Health Care Systems (PHCS)
			77 Other commercial, PPO, PPN, or TPA
			Behavioral health:
			85 American Psychiatric Systems (APS)
			86 Cigna Behavioral Health
			87 ComPsych
			88 Magellan
			89 Managed Health Network
			90 United Behavioral Health
			91 Value Options
			92 Other behavioral health
			Other government programs:
			93 MD Health Insurance Plan (MHIP) EPO
			94 MD Health Insurance Plan (MHIP)PPO
			95 Tricare (such as Health Net)
			96 Uniformed Services Family Health Plan (USFHP)
			97 Other miscellaneous government programs
			99 Unknown
			00 Not applicable

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Data Item	Record Position	Field Length	Data Item and Code Description
16-1	80-81	2	Secondary Health Plan Payer Primary Adult Care (PAC) MCO 01 Amerigroup 02 Jai Medical Group 03 Maryland Physicians Care 04 Priority Partners 05 United HealthCare HMO or POS: 30 Aetna Health Plans 31 CareFirst Blue Choice 32 Cigna Healthcare of Mid-Atlantic 33 Coventry Health Plan of Delaware 34 Kaiser Permanente 35 MAMSI 36 United Healthcare 37 Other HMO or POS Medicaid MCO or HMO: 42 Amerigroup 43 Coventry Health Plan of Delaware (Diamond Plan) 44 Helix Family Choice, Inc. 45 JAI Medical Group 46 Medicaid/Uninsured APS-Maryland (psychiatric payer) 47 Maryland Physicians Care 48 Priority Partners 49 United Healthcare (Americhoice) 50 Other Medicaid MCO or HMO Medicare HMO: 55 Aetna (Golden Choice) 56 ElderHealth 57 United Healthcare (Evercare) 58 Other Medicare HMO

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Data Item	Record Position	Field Length	Data Item and Code Description
			Commercial (Indemnity), PPO, PPN, or 3rd party adminis. (TPAs):
			65 Aetna
			66 CareFirst-Carefirst of Maryland, Inc.(BC/BS Plan #190/690)
			67 CareFirst- Group Hospitalization & Medical Services Inc (NonHMO) (BC/BS Plan #080/580) (Federal Employee Program)
			68 CCN/First Health
			69 Cigna
			70 Employer Health Plan (EHP)
			71 Fidelity Benefits Administrator
			72 Great West One Plan
			73 Kaiser Permanente
			74 MAMSI (that is, Alliance PPO and MAMSI Life and Health)
			75 National Capital PPO (NCPPO)
			76 Private Health Care Systems (PHCS)
			77 Other commercial, PPO, PPN, or TPA
			Behavioral health:
			85 American Psychiatric Systems (APS)
			86 Cigna Behavioral Health
			87 ComPsych
			88 Magellan
			89 Managed Health Network
			90 United Behavioral Health
			91 Value Options
			92 Other behavioral health
			Other government programs:
			93 MD Health Insurance Plan (MHIP) EPO
			94 MD Health Insurance Plan (MHIP)PPO
			95 Tricare (such as Health Net)
			96 Uniformed Services Family Health Plan (USFHP)
			97 Other miscellaneous government programs
			99 Unknown
			00 Not applicable

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Data Item	Record Position	Field Length	Data Item and Code Description
17	82-83	2	Disposition of Patient: 01 Home or self-care including to prison 02 Short-term general inpatient hospital 03 Transferred to SNF 04 Transferred to ICF 05 Discharged to another acute care facility 06 Discharged to home under care of home health service Organization 07 Left against medical advice 08 Discharged to another healthcare facility 09 Admitted as an inpatient to this hospital 10 Discharged to rehabilitation facility 11 Discharged to rehabilitation unit of other acute care hospital 12 Discharged to on-site distinct rehabilitation unit 20 Expired 50 Hospice at home 51 Hospice at medical facility 61 Discharged within this hospital to a hospital-based Medicare-approved swing bed 71 Discharged to another institution for outpatient services as specified by discharge care plan 72 Discharged to this institution for outpatient services as specified by discharge care plan 99 Unknown 00 Not applicable

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Data Item	Record Position	Field Length	Data Item and Code Description
18	84-85	2	Primary payer: 01 Medicare- Only fee for service 02 Medicaid- Only Fee for service 03 Title V 04 Blue Cross of Maryland 05 Commercial insurance or PPO 06 Other government program 07 Workers' compensation 08 Self-pay 09 Charity or no charge 10 Other 11 Donor 12 Managed care payer 13 Do not use 14 Medicaid managed care payer 15 Medicare managed care payer 16 Blue Cross - NCA 17 Blue Cross – other state 99 Unknown
19	86-87	2	Secondary payer: 01 Medicare- Only Fee for Service 02 Medicaid- Only Fee for Service 03 Title V 04 Blue Cross of Maryland 05 Commercial insurance or PPO 06 Other government program 07 Workers' Compensation 08 Self-pay 09 Charity or no charge 10 Other 11 Donor 12 Managed care payer 13 Do not use 14 Medicaid managed care payer 15 Medicare managed care payer 16 Blue Cross- NCA 17 Blue Cross- other state 99 Unknown

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Data Item	Record Position	Field Length	Data Item and Code Description
20	88-93	6	Operating Physician MedChi number: xxxxxx Physician MedChi number 777777 Not Applicable 999999 Unknown
21	94-113	20	Reserved for future use
22	114-120	7	Principal diagnosis: xxxxxxx ICD-9-CM code bbbbbbb Not applicable
23	121-127	7	Other diagnosis I: xxxxxxx ICD-9-CM code bbbbbbb Not applicable
24	128-134	7	Other diagnosis II: xxxxxxx ICD-9-CM code bbbbbbb Not applicable
25	135-141	7	Other diagnosis III: xxxxxxx ICD-9-CM code bbbbbbb Not applicable
26	142-148	7	Other diagnosis IV: xxxxxxx ICD-9-CM code bbbbbbb Not applicable
27	149-155	7	Other diagnosis V: xxxxxxx ICD-9-CM code bbbbbbb Not applicable
28	156-162	7	Other diagnosis VI: xxxxxxx ICD-9-CM code bbbbbbb Not applicable
29	163-169	7	Other diagnosis VII: xxxxxxx ICD-9-CM code bbbbbbb Not applicable

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Data Item	Record Position	Field Length	Data Item and Code Description
30	170-176	7	Other diagnosis VII: xxxxxxx ICD-9-CM code bbbbbbb Not applicable
31	177-183	7	Other diagnosis IX: xxxxxxx ICD-9-CM code bbbbbbb Not applicable
32	184-190	7	Other diagnosis X: xxxxxxx ICD-9-CM code bbbbbbb Not applicable
33	191-197	7	Other diagnosis XI: xxxxxxx ICD-9-CM code bbbbbbb Not applicable
34	198-204	7	Other diagnosis XII: xxxxxxx ICD-9-CM code bbbbbbb Not applicable
35	205-211	7	Other diagnosis XIII: xxxxxxx ICD-9-CM code bbbbbbb Not applicable
36	212-218	7	Other diagnosis XIV: xxxxxxx ICD-9-CM code bbbbbbb Not applicable
37	219-225	7	Other diagnosis XV: xxxxxxx ICD-9-CM code bbbbbbb Not applicable
38	226-232	7	E-Code: xxxxxxx ICD-9-CM code bbbbbbb Not applicable

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Data Item	Record Position	Field Length	Data Item and Code Description
39	233-236	4	Number of encounters
40	237-243	7	Admitting diagnosis
41a	244-245	2	Condition Code 1
41b	246-247	2	Condition Code 2
41c	248-249	2	Condition Code 3
41d	250-251	2	Condition Code 4
41e	242-253	2	Condition Code 5
42	254-263	10	Occurrence span hour and time
43	264-267	4	Accident hour and time
44	268-270	3	Bill type xxx Bill Type
45	271	1	Reserve Flag blank filled = not applicable P = Plastic Surgery with Revenue Give-Up G = Greenbaum Center S = Shock Trauma O = Hourly Observation Charges Included
45-1	272-281	10	Operating Physician NPI xxxxxxxxxxx Physician NPI 7777777777 Not Applicable 9999999999 Unknown
45-2	282-292	11	Medicaid ID Number xxxxxxxxxxx Medicaid ID Number 7777777777 Not Applicable (non-Medicaid only) 9999999999 Unknown (Medicaid only)

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Data Item	Record Position	Field Length	Data Item and Code Description
45-3	293-408	116	Reserved for future use
46	409-419	11	Ambulance run number: xxxxxxxxxxxx Run number 777777777777 Not available. Patient arrived by ambulance 000000000000 Not Applicable. Patient did not arrive by ambulance
47	420-541	122	Reserved for future use
48	542-543	2	Visit, Daily Visit, or Encounter type: 01 Clinic 02 Emergency Room 03 Labor and Delivery 04 Outpatient Surgery 05 All other outpatient
49	544-550	7	Reserved for future use

(Revised 5/04/11)

Record Type 2:

Data Item	Tape Record Position	Field Length	Data Item and Code Description
1	1-6	6	Medicare provider number: xxxxxxx
2	7-19	13	Medical record number: nnnnnnnnnnnnn.
3	20-37	18	Patient's account number: xxxxxxxxxxxxxxxxxxxxxx (left justify)
4	38-45	8	From date of service: MMDDYYYY (month, day, year)
5	46-53	8	Thru date of service: MMDDYYYY (month, day, year)
6	54		Record type
50.1a	55-58	4	xxxx UB-04 Revenue Code- last occurrence Of revenue shall always be the total charge
50.1b	59-60	2	xx Rate Center Code
50.1c	61-65	5	xxxxx Units of Service
50.1d	66-74	9	xxxxxxxxx Charges in dollars and cents Do not use decimal points.
50.1e	75-79	5	xxxxx CPT or HCPCS code
50.1f	80-81	2	xx Modifier 1 Can be alpha or numeric characters.
50.1g	82-83	2	xx Modifier 2 Can be alpha or numeric characters.
50.1h	84-85	2	xx Modifier 3 Can be alpha or numeric characters.

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Data Item	Record Position	Field Length	Data Item and Code Description
50.1i	86-87	2	xx Modifier 4 Can be alpha or numeric characters.
50.1j	88-89	2	xx Modifier 5 Can be alpha or numeric characters.
50.1k	90-97	8	xxxxxxx Date of service: MMDDYYYY (month, day, year)
50.2a	98-101	4	xxxx UB-04 Revenue Code- the last occurrence of revenue shall always be the total charge
50.2b	102-103	2	xx Rate Center Code
50.2c	104-108	5	xxxxx Units of Service
50.2d	109-117	9	xxxxxxxxx Charges in dollars and cents Do not use decimal points.
50.2e	118-122	5	xxxxx CPT or HCPCS code
50.2f	123-124	2	xx Modifier 1 Can be alpha or numeric characters.
50.2g	125-126	2	xx Modifier 2 Can be alpha or numeric characters.
50.2h	127-128	2	xx Modifier 3 Can be alpha or numeric characters.
50.2i	129-130	2	xx Modifier 4 Can be alpha or numeric characters.
50.2j	131-132	2	xx Modifier 5 Can be alpha or numeric characters.
50.2k	133-140	8	Date of service: MMDDYYYY (month, day, year)

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Data Item	Record Position	Field Length	Data Item and Code Description
50.3a	141-144	4	xxxx UB-04 Revenue Code- the last occurrence of revenue shall always be the total charge.
50.3b	145-146	2	xx Rate Center Code
50.3c	147-151	5	xxxxx Units of Service
50.3d	152-160	9	xxxxxxxxxx Charges in dollars and cents Do not use decimal points.
50.3e	161-165	5	xxxxx CPT or HCPCS code
50.3f	166-167	2	xx Modifier 1 Can be alpha or numeric characters.
50.3g	168-169	2	xx Modifier 2 Can be alpha or numeric characters.
50.3h	170-171	2	xx Modifier 3 Can be alpha or numeric characters.
50.3i	172-173	2	xx Modifier 4 Can be alpha or numeric characters.
50.3j	174-175	2	xx Modifier 5 Can be alpha or numeric characters.
50.3k	176-183	8	Date of service: MMDDYYYY (month, day, year)
50.4a	184-187	4	xxxx UB-04 Revenue Code – the last occurrence of revenue shall always be the total charge.
50.4b	188-189	2	xx Rate Center Code
50.4c	190-194	5	xxxxx Units of Service

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Data Item	Record Position	Field Length	Data Item and Code Description
50.4d	195-203	9	xxxxxxx Charges in dollars and cents Do not use decimal points.
50.4e	204-208	5	xxxxx CPT or HCPCS code
50.4f	209-210	2	xx Modifier 1 Can be alpha or numeric characters.
50.4g	211-212	2	xx Modifier 2 Can be alpha or numeric characters.
50.4h	213-214	2	xx Modifier 3 Can be alpha or numeric characters.
50.4i	215-216	2	xx Modifier 4 Can be alpha or numeric characters.
50.4j	217-218	2	xx Modifier 5 Can be alpha or numeric characters.
50.4k	219-226	8	Date of service: MMDDYYYY (month, day, year)
50.5a	227-230	4	xxxx UB-04 Revenue Code- the last occurrence of revenue shall always Be the total charge.
50.5b	231-232	2	xx Rate Center Code
50.5c	233-237	5	xxxxx Units of Service
50.5d	238-246	9	xxxxxxxxx Charges in dollars and cents Do not use decimal points.
50.5e	247-251	5	xxxxx CPT or HCPCS code
50.5f	252-253	2	xx Modifier 1 Can be alpha or numeric characters.
50.5g	254-255	2	xx Modifier 2 Can be alpha or numeric characters.

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Data Item	Record Position	Field Length	Data Item and Code Description
50.5h	256-257	2	xx Modifier 3 Can be alpha or numeric characters.
50.5i	258-259	2	xx Modifier 4 Can be alpha or numeric characters.
50.5j	260-261	2	xx Modifier 5 Can be alpha or numeric characters.
50.5k	262-269	8	Date of Service: MMDDYYYY (month, day, year)
50.6a	270-273	4	xxxx UB-04 Revenue Code- the last occurrence of revenue shall always be the total charge.
50.6b	274-275	2	xx Rate Center Code
50.6c	276-280	5	xxxxx Units of Service
50.6d	281-289	9	xxxxxxxxxx Charges in dollars and cents. Do not use decimal points.
50.6e	290-294	5	xxxxx CPT or HCPCS code
50.6f	290-294	2	xx Modifier 1 Can be alpha or numeric characters.
50.6g	295-296	2	xx Modifier 2 Can be alpha or numeric characters.
50.6h	299-300	2	xx Modifier 3 Can be alpha or numeric characters.
50.6i	301-302	2	xx Modifier 4 Can be alpha or numeric characters.
50.6j	303-304	2	xx Modifier 5 Can be alpha or numeric characters.
50.6k	305-312	8	Date of service: MMDDYYYY (month, day, year)

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Data Item	Record Position	Field Length	Data Item and Code Description
50.7a	313-316	4	xxxx UB-04 Revenue Code- the last occurrence of revenue shall always be the total charge.
50.7b	317-318	2	xx Rate Center Code
50.7c	319-323	5	xxxxx Units of Service
50.7d	324-332	9	xxxxxxxxxx Charges in dollars and cents. Do not use decimal points.
50.7e	333-337	5	xxxxx CPT or HCPCS code
50.7f	338-339	2	xx Modifier 1 Can be alpha or numeric characters.
50.7g	340-341	2	xx Modifier 2 Can be alpha or numeric characters.
50.7h	342-343	2	xx Modifier 3 Can be alpha or numeric characters.
50.7i	344-345	2	xx Modifier 4 Can be alpha or numeric characters.
50.7j	346-347	2	xx Modifier 5 Can be alpha or numeric characters.
50.7k	248-355	8	Date of service: MMDDYYYY (month, day, year)
50.8a	356-359	4	xxxx UB-04 Revenue Code- the last occurrence of revenue shall always be the total charge.
50.8b	360-361	2	xx Rate Center Code
50.8c	362-366	5	xxxxx Units of Service
50.8d	367-375	9	xxxxxxxxxx Charges in dollars and cents. Do not use decimal points.

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Data Item	Record Position	Field Length	Data Item and Code Description
50.8e	376-380	5	xxxxx CPT or HCPCS code
50.8f	381-382	2	xx Modifier 1 Can be alpha or numeric characters.
50.8g	383-384	2	xx Modifier 2 Can be alpha or numeric characters.
50.8h	385-386	2	xx Modifier 3 Can be alpha or numeric characters.
50.8i	387-388	2	xx Modifier 4 Can be alpha or numeric characters.
50.8j	389-390	2	xx Modifier 5 Can be alpha or numeric characters.
50.9k	391-398	8	Date of service: MMDDYYYY (month, day, year)
50.9a	399-402	4	xxxx UB-04 Revenue Code- the last occurrence of revenue shall always be the total charge.
50.9b	403-404	2	xx Rate Center Code
50.9c	405-409	5	xxxxx Units of Service
50.9d	410-418	9	xxxxxxxxxx Charges in dollars and cents. Do not use decimal points.
50.9e	419-423	5	xxxxx CPT or HCPCS code
50.9f	424-425	2	xx Modifier 1 Can be alpha or numeric characters.
50.9g	426-427	2	xx Modifier 2 Can be alpha or numeric characters.
50.9h	428-429	2	xx Modifier 3 Can be alpha or numeric characters.

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Data Item	Record Position	Field Length	Data Item and Code Description
50.9i	430-431	2	xx Modifier 4 Can be alpha or numeric characters.
50.9j	432-433	2	xx Modifier 5 Can be alpha or numeric characters.
50.9k	434-441	8	Date of service: MMDDYYYY (month, day, year)
50.10a	442-445	4	xxxx UB-04 Revenue Code- the last occurrence of revenue shall always be the total charge.
50.10b	446-447	2	xx Rate Center Code
50.10c	448-452	5	xxxxx Units of Service
50.10d	453-461	9	xxxxxxxxx Charges in dollars and cents. Do not use decimal points.
50.10e	462-466	5	xxxxx CPT or HCPCS code
50.10f	467-468	2	xx Modifier 1 Can be alpha or numeric characters.
50.10g	469-470	2	xx Modifier 2 Can be alpha or numeric characters.
50.10h	471-472	2	xx Modifier 3 Can be alpha or numeric characters.
50.10i	473-474	2	xx Modifier 4 Can be alpha or numeric characters.
50.10j	475-476	2	xx Modifier 5 Can be alpha or numeric characters.
50.10k	477-484	8	Date of service: MMDDYYYY (month, day, year)
51	485-550	66	Reserve for future use.