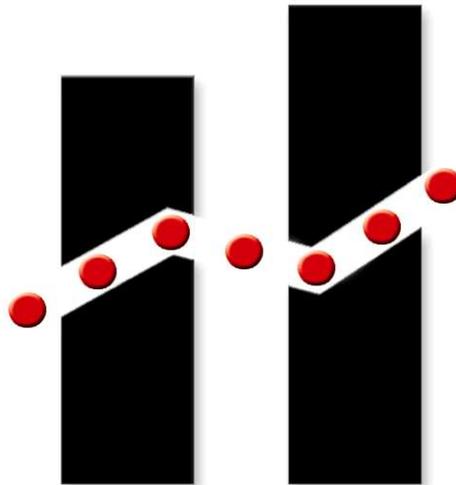


2007
V.1.2

Oklahoma State Department of Health

Ambulatory Surgery Data

SUBMISSION MANUAL



HEALTH CARE INFORMATION

1000 NE Tenth Street
Oklahoma City, OK 73117-1299
(405) 271-6225
chsadmin@health.ok.gov

AT A GLANCE:
**Major changes made to the 2007 version
of the Ambulatory Surgery Data Manual**

1. The preferred method of data submission is through the website, while email and postal mail submissions are also accepted.
2. The 5% tolerance level has been added for Patient City, Payer Classification and Total Charges.
3. The Payer Classification should indicate the primary payer classification.
4. **National Provider Identifiers (NPI) have replaced UPIN for Attending and Procedure Physician.**
5. **Fields have been defined within existing format for Facility National Provider Identifier and Payer National Plan Identifier.**
6. **Street address should be the physical residence of the patient. Rural routes and P.O. boxes are not acceptable.**

Table of Contents

Introduction.....	1
Data Confidentiality.....	1
Data Reporting Sources and Definitions.....	2
Data Submission Schedule.....	3
Follow-up for Noncompliance.....	3
Data Transfer Media.....	4
Data Transfer	5
Edits and Validation.....	5
Data Transfer Format	6
TABLE 1 - Ambulatory Surgery Data Elements.....	7
TABLE 2 - Record Format.....	9
Description of Data Elements.....	13

For questions please call: 405-271-6225

NOTICE

This Oklahoma Ambulatory Surgery Discharge Data Reporting Manual, issued in December 2006, supersedes and replaces all previous versions. Please note that there have been no changes in the submission format from the 2006 reporting manual ; however, some fields have been added where blank fields existed in 2006 and minor changes have been made to some of the data elements, which are listed on the inside front cover.

If you have any questions regarding submission of this data, please contact Mary Piscitello, Facility Coordinator, at (405)271-6225 or mary@health.ok.gov. If you would like to schedule a site visit at your facility, please contact Mary and she will schedule a visit at your convenience.

Introduction

This manual defines the data that is required to be submitted to the Division of Health Care Information of the Oklahoma State Department of Health. It specifies the technical requirements for data submission, defines the data elements to be submitted, and outlines the data editing procedure. In order to ensure the integrity of the database, data must be received in usable formats from all facilities. The Division will provide technical consultation and assistance upon request. This consultation or assistance is limited to activities that specifically enable the facility to submit data that will meet the requirements. The following sections provide a definition of the reporting source, the submission schedule, the preferred transfer method, the format and description of data elements to be transferred, and finally, information about the editing/error processing of the submitted data.

Data Confidentiality

Ambulatory surgery data furnished to the Division are considered confidential under State law and are not public records as defined by the Open Records Act, Title 51 § 24A.1 et seq. Patient identifying information will not be disclosed. It will be used only for the creation and maintenance of anonymous medical case histories for statistical analysis and reports. The Division is prohibited from identifying, either directly or indirectly, any individual in its reports. The Division will not disclose individual patient identities in any manner, except as directed by a court of competent jurisdiction after an application showing good cause.

For questions please call: 405-271-6225

DATA REPORTING SOURCES AND DEFINITIONS

Information regarding ambulatory care services provided by ambulatory surgical centers is required to be submitted.

For each single outpatient surgery encounter, a single data record shall be submitted. Each ambulatory surgery data record shall consist of billing, medical, and personal information describing a patient, services received by the patient, and charges billed for the patient. The specific fields required are described in detail in the Data Elements Layout and Descriptions sections. Only one ambulatory surgery data record should be submitted for each encounter. For a given patient, separate records for each bill generated should not be submitted, unless each bill represents a distinct outpatient encounter.

A facility may submit ambulatory surgery data directly to the Division or designate a submitting intermediary. Please note that each facility is responsible for the quality and completeness of its yearly submission, regardless of the utilization of a submitting intermediary. The Division will contact the institution directly for any necessary corrections or additional information. **When an intermediary is designated, the facility must still ensure that correct information is submitted in a timely manner.** If a designated intermediary handles only a subset of a facility's encounters, then the facility must make separate arrangements to submit its other records (i.e., those not handled by the intermediary).

For the purpose of communication and problem solving, each facility shall supply the Division with the name, telephone number, and job title of the person responsible for data submission and data corrections from each facility.

DATA SUBMISSION SCHEDULE

For each calendar year of data collected, the Division must receive all ambulatory surgery data records by March 1st following the close of that calendar year (e.g. calendar year 2007 data must be submitted by March 1, 2008). Facilities may submit on a monthly, quarterly, or semi-annual basis, if they prefer, as long as the Division is notified of their proposed schedule. **In all cases, data must be received by March 1st following each calendar year.**

The data elements to be submitted are based on encounters occurring in a calendar year. A patient must be discharged within the calendar year to be included in the calendar year data set.

FOLLOW-UP FOR NON-COMPLIANCE

Submitting outpatient surgery data is required and is a condition of the facility's license as defined in Title 63 Section 1-701 et seq. **Non-compliance, including incomplete reporting of required fields, will be referred to the Oklahoma State Department of Health Medical Facilities Division for follow-up and will be published as noncompliant in HCI reports.**

DATA TRANSFER MEDIA

Secure Website Data Transfer

The preferred method of data submission is through the Division's secure website. The website is accessible with a login and password.

The URL is: <https://www.phin.state.ok.us/chi-data/>

Instructions for submitting files on the website can be obtained from the Division.

Alternate Data Transfer Media

Data can also be submitted by mail on CD-ROM or IBM compatible 3.5" disk or by email to:

**Oklahoma State Department of Health
Health Care Information Division, Room 807
1000 NE 10th Street
Oklahoma City, Oklahoma 73117-1299
chsadmin@health.ok.gov**

All **data submitted** must have a label containing the following information:

- A. Name of the information supplier.
- B. Date of submission as MM / DD / YYYY.
- C. The total number of records contained in the file.
- D. An unduplicated count of the patients contained in the file.
- E. The name and telephone number of an individual to contact if problems arise.
- F. If multiple diskettes are submitted, then a sequence number must indicate the processing order.
- G. The beginning and end dates of the data submitted.

DATA TRANSFER

The physical characteristics of the transfer media must be as follows:

- a. All data fields (numeric and alphanumeric) are to be initialized with blank spaces (character code 32).
- b. The data should be ASCII code.

The Division uses PGP encryption for data security. WinZip version 9.0 can also be used for encryption. If you would like to use another type of data security method, please contact HCI and we will be happy to work with you. Please contact HCI for technical advice on security issues:

Mary Piscitello (405) 271-6225.

Files submitted electronically must be HIPAA compliant.

EDITS AND VALIDATION

The Division will perform a variety of edits for quality assurance purposes and compliance with the specifications set forth in this submission manual. Data submissions not meeting a 5% error tolerance level will be rejected.

Rejected submissions will be returned to the facility for resubmit or corrections. Table I gives a list of the data fields and tolerance level for each of the field .

Facilities are encouraged to review the data records for accuracy and completeness corresponding to these edit criteria prior to submission.

For questions please call: 405-271-6225

DATA TRANSFER FORMAT

Table 1 lists the data elements and Table 2 describes the record format. The column headings used in Table 2 are:

Field Name: Data Element names listed in Tables 1 and 2

Type: Field attribute:
A=Alphanumeric
N=Numeric

Length: Field length in bytes

Position: Starting and ending position of the field in the records

Definition: The definition specified for each data element is in general agreement with the definition specified for the field entry in the CMS-1500 form. Facilities should evaluate definitions and coding systems for agreement with those specified in this manual.

General Comments: Used in a similar manner as the CMS-1500 to provide additional information and guidelines for the reporting of the data element. If a facility is unable to use the codes specified here, the facility must supply the Division with translation tables that read facility codes and output HCl codes.

Edit: The criteria used by the Division to determine acceptability of the information provided.

CMS-1500 Form: Where applicable, this line is the CMS-1500 (08/05) Form Locator

Locator: The number which corresponds to the requested data element.

The data elements for each patient discharge are stored in a single record. No fillers are to be used between data fields.

Oklahoma Law (36, chapter 2 § 6581) has mandated all outpatient billing and claims submission use the CMS 1500 form.

Table 1
Ambulatory Surgery Discharge Data Elements

DATA ELEMENT NAME	ERROR TOLERANCE LEVEL
Patient	Patient
Patient name	5%
Patient street address	-
Patient city	5%
Patient state	5%
Patient address postal code	5%
Patient date of birth	5%
Patient gender	5%
Blank	-
Patient last 4 digits of Social Security Number	-
Patient race	-
Patient ethnicity	-
Patient marital status	-
Patient control number	5%
Blank	-
Provider	Provider
Medicare provider number	-
Facility NPI	-
Blank	-
Service	Service
Admission date	5%
Admit hour	-
Discharge date	5%
Discharge hour	-
Blank	-
Blank	-
Patient discharge status	-

For questions please call: 405-271-6225

Table 1
Ambulatory Surgery Discharge Data Elements

DATA ELEMENT NAME	ERROR TOLERANCE LEVEL
Blank	-
Attending physician identifier	-
Dx and Treatment	Dx and Treatment
Facility assigned ambulatory patient classification (APC)I	-
Principal diagnosis	5%
Other diagnosis codes I-15	5%
Blank	-
Principal procedure CPT code	5%
Blank	-
Other procedure CPT codes I-5	5%
Blank	-
Principal procedure physician identifier	-
Blank	-
Principal procedure date	-
Blank	-
Payer	Payer
Primary Payer NPI	-
Secondary Payer NPI	-
Primary payer name	-
Secondary payer name	-
Payer classification	5%
Charges	Charges
Total charges for this encounter	5%
Blank	-
Principal CPT modifier	-
CPT modifiers I-5	-
Facility assigned ambulatory patient classifications (APC) 2-3	-

Table 2

Field Name	Type	Length	Position
Patient name	A	30	1 - 30
Patient street address	A	70	31 - 100
Patient city	A	25	101 - 125
Patient state	A	2	126 - 127
Patient address postal code	A	10	128 - 137
Patient date of birth	N	8	138 - 145
Patient gender	A	1	146 - 146
Blank		5	147 - 151
Patient last 4 digits of social security number	N	7	152 - 158
Patient race	N	1	159 - 159
Patient ethnicity	N	1	160 - 160
Patient marital status	A	1	161 - 161
Patient control number	A	17	162 - 178
Blank		17	179 - 195
Medicare provider number (Facility)	A	11	196 - 206
National Provider ID (Facility)	N	11	207 - 217
Blank		78	218 - 295
Admission date	N	8	296 - 303
Admit hour	N	2	304 - 305
Discharge date	N	8	306 - 313
Discharge hour	N	2	314 - 315
Blank		2	316 - 317
Patient discharge status	N	2	318 - 319
Blank		5	320 - 324

For questions please call: 405-271-6225

Table 2

Field Name	Type	Length	Position	
Attending physician identifier	A	11	325	- 335
Facility assigned ambulatory patient classifications (APC) 1	A	4	336	- 339
Principal diagnosis	A	5	340	- 344
Other diagnosis code 1	A	5	345	- 349
Other diagnosis code 2	A	5	350	- 354
Other diagnosis code 3	A	5	355	- 359
Other diagnosis code 4	A	5	360	- 364
Other diagnosis code 5	A	5	365	- 369
Other diagnosis code 6	A	5	370	- 374
Other diagnosis code 7	A	5	375	- 379
Other diagnosis code 8	A	5	380	- 384
Other diagnosis code 9	A	5	385	- 389
Other diagnosis code 10	A	5	390	- 394
Other diagnosis code 11	A	5	395	- 399
Other diagnosis code 12	A	5	400	- 404
Other diagnosis code 13	A	5	405	- 409
Other diagnosis code 14	A	5	410	- 414
Other diagnosis code 15	A	5	415	- 419
Blank	A	6	420	- 425
Principal procedure CPT code	A	5	426	- 430

Table 2

Field Name	Type	Length	Position	
Blank		30	431	- 460
Other procedure CPT code 1	A	5	461	- 465
Other procedure CPT code 2	A	5	466	- 470
Other procedure CPT code 3	A	5	471	- 475
Other procedure CPT code 4	A	5	476	- 480
Other procedure CPT code 5	A	5	481	- 485
Blank		5	486	- 490
Principle procedure physician identifier	A	11	491	- 501
Blank		66	502	- 567
Principal procedure date	N	8	568	- 575
Blank		18	576	- 593
Primary payer NPI	N	15	594	608
Secondary payer NPI	N	15	609	623
Primary payer name	A	25	624	- 648
Secondary payer name	A	25	649	- 673
Payer classification	A	25	674	- 698
Total charges	N	6	699	- 704
Blank		813	705	- 1517

For questions please call: 405-271-6225

Table 2

Field Name	Type	Length	Position
Principal CPT modifier	A	2	1518 - 1519
Other CPT modifier 1	A	2	1520 - 1521
Other CPT modifier 2	A	2	1522 - 1523
Other CPT modifier 3	A	2	1524 - 1525
Other CPT modifier 4	A	2	1526 - 1527
Blank		1	1528 - 1528
Other CPT modifier 5	A	2	1529 - 1530
Blank		2	1531 - 1532
Facility assigned ambulatory patient classifications (APC) 2	A	4	1533 - 1536
Facility assigned ambulatory patient classifications (APC) 3	A	4	1537 - 1540

Description of Data Elements

Field Name: Patient Name

Type: A

Position: 1-30

Length: 30

Definition: Last name, first name, and middle initial of the patient.

Comments: Use a comma and one space to separate last and first names. No space should be left between a prefix and a name (e.g. McCauley, DeClair, or VonFeldt). Titles such as Sir, Msgr., and Dr. should not be recorded. No special characters (e.g. (), *, **, /) should be included in the name. Record hyphenated names with the hyphen (e.g. Smith-Jones, Rebecca). To record a suffix of a name, write the last name, leave a space, and then write the suffix. Follow the suffix with a comma and a first name. For example: Jones II, Robert or Adams Jr., Fred. The middle initial should include only one character and should not include a period. Comments such as 'deceased' should not be included.

Edit: Name must have a comma and space separating the last name from the first.

CMS-I500 FL 2

For questions please call: 405-271-6225

Field Name: Patient Street Address

Type: A

Position: 31-100

Length: 70

Definition: The street address of the patients residence.

Comments: Left justified with spaces to the right to complete the field. The street address should include the following:

- Street number
- Street direction e.g. N, NW, SW, SE etc. (where applicable)
- Street name
- Street type e.g. Avenue, St, Rd, Road, CT etc. (where applicable). Refer to the link for commonly used street suffixes.
http://www.usps.com/ncsc/lookups/abbr_suffix.txt
- Apartment number (where applicable)

Edit: Street address must be present.
CMS-1500 FL 5.

Field Name: Patient City

Type: A

Position: 101-125

Length: 25

Definition: The city of the patient's street address.

Comments: Left justified with spaces to the right to complete the field. Abbreviations should not be used for a city.

Edit: Valid city must be present.

CMS-1500 FL 5

Field Name: Patient State

Type: A
Position: 126-127
Length: 2
Definition: The state of the patient's address.
Comments: Use standard Post Office state abbreviations (e.g. OK for Oklahoma, TX for Texas).
Edit: State abbreviation must be present and valid.
CMS-I500 FL 5

Field Name: Patient Address Postal Code

Type: A
Position: 128-137
Length: 10
Definition: The zip code of the patient's address.
Comments: Left justified with spaces to the right to complete the field. Nine-digit zip codes are encouraged, in the form XXXXX-YYYY or XXXXXYYYY.
Edit: Postal zip code must be present and valid.
CMS-I500 FL 5

Field Name: Patient Date of Birth

Type: N

Position: 138-145

Length: 8

Definition: The date of birth of the patient.

Comments: Use the eight-digit format MMDDYYYY where:

- MM is the month in two digits ranging from 01 to 12
- DD is the day in two digits ranging from 01 to 31
- YYYY is the year of birth in four digits.

Each of the three components must be right justified (all positions fully coded).

Edit: Date of birth must be:

- a valid date
- not equal to billing dates
- not equal to current date

Age calculated from date of birth and discharge date must be:

- less than 125 years
- consistent with diagnosis

CMS-1500 FL 3

Field Name: Patient Gender

Type: A

Position: 146-146

Length: 1

Definition: Patient gender as recorded at date of admission or start of care.

Comments: This is a one-character code:

M = Male

F = Female

U = Unknown

Edit: Code must be valid and consistent with diagnosis and procedure codes.

CMS-1500 FL 3

Field Name: Blank

Type: A

Position: 147-151

Length: 5

Definition: Previously Patient first 5 digits of social security number

Field Name: Patient Last 4 digits of Social Security Number

Type: N

Position: 152-158

Length: 7

Definition: The last 4 digits of the Social Security Number of the patient receiving care.

Comments: Left justify with spaces to the right to complete the field. Do not use hyphens. If a patient does not have a Social Security Number, use the following codes:

- 200 for a patient who has no SSN.
- 300 for a patient who chooses not to provide his/her SSN.

Edit: Entry must be a valid SSN, or 200 or 300.

CMS-1500 FL This field may be present in position 1a.

Field Name: Patient Race

Type: N

Position: 159-159

Length: 1

Definition: This item gives the race of the patient. The information is based on self-identification, and is to be obtained from the patient, a relative, or a friend. The facility is **not** to categorize the patient based on observation or personal judgment.

Comments: If the patient chooses not to answer, the facility should enter the code for unknown. If the facility fails to request the information, the hospital should enter the code for unknown.

1 = American Indian or Alaskan Native

Definition: A person having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

2 = Asian or Pacific Islander

Definition: A person having origins in any of the original oriental peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This includes for example, China, India, Japan, Korea, the Philippine Islands and Samoa.

3 = Black

Definition: A person having origins in any of the black racial groups of Africa.

4 = White

Definition: A person having origins in any of the original Caucasian peoples of Europe, North Africa or the Middle East.

5 = Other

Definition: Any possible options not covered in the above categories.

6 = Unknown

Definition: A person who chooses not to answer the question.

Edit: Code must be valid.

Currently this is not a CMS-1500 field.

For questions please call: 405-271-6225

Field Name: Patient Ethnicity

Type: N

Position: 160-160

Length: 1

Definition: This item gives the Patients answer to the question “Are you Hispanic?”. The information is based on self-identification and is to be obtained from the patient, a relative or a friend. The facility is **not** to categorize the patient based on observation or personal judgment.

Comments: If the patient chooses not to answer, the facility should enter the code for unknown. If the facility fails to request the information, the hospital should enter the code for unknown.

1 = Hispanic origin

Definition: A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultural origin, regardless of race.

2 = Not of Hispanic origin

Definition: A person who is not classified in 1.

6 = Unknown

Definition: A person who chooses not to respond to the inquiry.

Edit: Code must be valid.

Currently this is not a CMS-1500 field.

Field Name: Patient Marital Status

Type: A

Position: 161-161

Length: 1

Definition: The marital status of the patient at date of admission.

Comments: One-character code, where:

S = Single

M= Married

P = Life Partner

X= Legally separated

D= Divorced

W= Widowed

U= Unknown

Edit: Code, if present, must be valid.

CMS-1500 FL8

Field Name: Patient Control Number

Type: A

Position: 162-178

Length: 17

Definition: A code assigned by the facility **uniquely identifying individual discharge events**.

Comments: This code will be used for reference in correspondence, problem solving, edit corrections and return of grouped data.

The PCN identifies a single facility visit for a patient.

The PCN is different from the medical record number which identifies an individual patient remaining the same through multiple facility visits.

Edit: PCN code must be present and should be **unique** within a facility.

CMS-1500 FL 26

Field Name: Blank

Type: A

Position: 179-195

Length: 17

Field Name: Medicare Provider Number

Type: A

Position: 196-206

Length: 11

Definition: The eleven-digit number assigned to the ASC facility by Center for Medicare and Medicaid Services. If the facility does not have a Medicare provider number , it must provide a valid Federal ID.

Edit: Number must be valid.

CMS-I500 FL 25

Field Name: National Provider Number

Type: N

Position: 207-217

Length: 11

Definition: The ten-digit number assigned to the ASC facility as a result of HIPAA's National Provider Identifier (NPI) regulations.

Edit: Number must be valid and match the CMS national provider list.

CMS-I500 FL 33a

Field Name: Blank

Type: A
Position: 218-295
Length: 78

Field Name: Admission Date

Type: N
Position: 296-303
Length: 8

Definition: The date the patient was admitted to the facility.

Comments: Admission date has a 8 digit format MMDDYYYY where:

- MM is the month in two digits ranging from 01 to 12
- DD is the day in two digits ranging from 01 to 31
- YYYY is the year in four digits (e.g. 2007).

Each of the three components must be right justified (all positions fully coded).

Edit:: Admission date must be:

- Present and valid
- No earlier than the date of birth, or
- No later than discharge date.

CMS-I500 FL 24a(1)

Field Name: Admit Hour

Type: N

Position: 304-305

Length: 2

Definition: The hour during which the patient was admitted for outpatient care.

Comments: Admission hour is a 2-digit format with the following structure:

Code	Time – AM	Code	Time - PM
00	12:00 – 12:59 Midnight	12	12:00–12:59 Noon
01	01:00 – 01:59	13	01:00 – 01:59
02	02:00 – 02:59	14	02:00 – 02:59
03	03:00 – 03:59	15	03:00 – 03:59
04	04:00 – 04:59	16	04:00 – 04:59
05	05:00 – 05:59	17	05:00 – 05:59
06	06:00 – 06:59	18	06:00 – 06:59
07	07:00 – 07:59	19	07:00 – 07:59
08	08:00 – 08:59	20	08:00 – 08:59
09	09:00 – 09:59	21	09:00 – 09:59
10	10:00 – 10:59	22	10:00 – 10:59
11	11:00 – 11:59	23	11:00 – 11:59
99	Hour Unknown		

Edits: Valid hour must be present.

Currently not a CMS-I 500 field.

Field Name: Discharge Date

Type: N

Position: 306-313

Length: 8

Definition: The date the patient was discharged from the facility.

Comments: Discharge date is in an eight digit format MMDDYYYY where:

- MM is the month in two digits ranging from 01 to 12
- DD is the day in two digits ranging from 01 to 31
- YYYY is the year of discharge (e.g. 2007)

Each of the three components must be right justified (all positions fully coded).

Edit: Discharge date must be:

- Present
- Valid
- No earlier than admission date
- No earlier than date of birth

CMS-I500 FL 24a(1)

Field Name: Discharge Hour

Type: N
Position: 314-315
Length: 2
Definition: The hour during which the patient was discharged from outpatient care.
Comments: Discharge hour is a 2-digit format with the following structure:

Code	Time – AM	Code	Time - PM
00	12:00 – 12:59 Midnight	12	12:00–12:59 Noon
01	01:00 – 01:59	13	01:00 – 01:59
02	02:00 – 02:59	14	02:00 – 02:59
03	03:00 – 03:59	15	03:00 – 03:59
04	04:00 – 04:59	16	04:00 – 04:59
05	05:00 – 05:59	17	05:00 – 05:59
06	06:00 – 06:59	18	06:00 – 06:59
07	07:00 – 07:59	19	07:00 – 07:59
08	08:00 – 08:59	20	08:00 – 08:59
09	09:00 – 09:59	21	09:00 – 09:59
10	10:00 – 10:59	22	10:00 – 10:59
11	11:00 – 11:59	23	11:00 – 11:59
99	Hour Unknown		

Edits: Valid hour must be present.

Currently not a CMS-1500 field.

Field Name: Blank

Type: A
Position: 316-317
Length: 2

Field Name: Patient Discharge Status

Type: N

Position: 318-319

Length: 2

Definition: A code indicating patient status at the time of discharge.

Comments: Codes for this two-digit field are:

01 = Discharged to home or self-care (routine discharge).

02 = Discharged/transferred to another short-term general hospital for inpatient care.

07 = Left against medical advice or discontinued care.

20 = Expired.

Edit: Discharge Status code must be valid and should indicate according to the medical record where the patient was discharged. The field should not be assumed and if audited should reflect what is documented in the patient's medical record.

Currently not a CMS-1500 field.

Field Name: Blank

Type: A
Position: 320-324
Length: 5

Field Name: Attending Physician Identifier

Type: N
Position: 325-335
Length: 11
Definition: The ten digit National Provider Identifier Number (NPI) of the physician who certified and re-certified the medical necessity of the service rendered or who has primary responsibility for the patient's medical care and treatment.
Comments: Left justify with spaces to the right to complete the field.
Edit: Entry must be a valid NPI number.

CMS I500 FL I7B.

Field Name: Facility Assigned Ambulatory Patient Classification (APC) I

Type: A

Position: 336-339

Length: 4

Definition: The Ambulatory Patient Classifications assigned to the outpatient record by the facility. Up to three APCs may be reported.

APCs currently are not required for Ambulatory Surgery Centers

Comments: The APC field must be:

- Four digits in length
- Left justified with spaces to the right to complete the field length.

Edit: The APC field must be:

- Present
- Valid
- Consistent with age and sex

Currently not a CMS-1500 field.

Field Name: Principal Diagnosis

Type: A

Position: 340-344

Length: 5

Definition: The ICD-9-CM code describing the condition or problem as shown in the provider records to be chiefly responsible for the outpatient services performed during this visit.

Comments: To code the principal diagnosis:

- Use an ICD-9-CM code
- Enter all three, four, and five digits
- Without decimals
- Enter the "V" prefix as appropriate
- Left justify with spaces to the right to complete the field length

Edit: A principal diagnosis must be:

- Present
- Valid
- Consistent with sex and age

CMS-1500 FL 21(1)

Field Name: Other Diagnosis Code (1 - 15)

Type: A

Position: 345-419

Length: 15*5 (15 fields of length 5 bytes each)

Definition: ICD-9-CM codes describing other diagnoses corresponding to additional conditions that co-exist at the time of the encounter or develop subsequently, and which have an effect on the treatment received or the length of stay.

Comments: Up to 15 secondary diagnoses may be recorded.

- Use an ICD-9-CM code.
- Enter all three, four, and five digits.
- Without decimals
- Enter the E-code as appropriate.
- Left justify with spaces to the right to complete the field length.

Edit: A secondary diagnosis must be:

- Valid
- Consistent with sex and age

CMS-I500 FL 21(2,3,4)

Field Name: Blank

Type: A

Position: 420-425

Length: 6

Field Name: Principal Procedure CPT Code

Type: A

Position: 426-430

Length: 5

Definition: The Principal Current Procedural Terminology (CPT) procedure code identifies the principal outpatient surgical procedure performed during the outpatient encounter. The principal procedure is that procedure most related to the principal diagnosis.

Comments: Entries should include all digits and should be left justified.

Edit: Principal Procedure CPT code field must be:

- Present unless one of the secondary diagnosis codes is V64.
- Valid
- Consistent with patient's sex and age
- Surgical CPT range 10000-69999 and 92501, 92960-92961, 92973-92975, 92980-92998, 93312-93318, 93501-93660, 92018
- HCPCS codes are not valid as a principal procedure, except for D9999, G0104, G0105, G0121, G0260, G0289, G0290, C1716, C1718, C1719, C1720, 0020T.

CMS-1500 FL 24d(1).

Field Name: Blank

Type: A
Position: 431-460
Length: 30

Field Name: Other Procedure CPT Codes (1 - 5)

Type: A
Position: 461-485
Length: 5*5 (5 fields of 5 bytes each)
Definition: The Current Procedural Terminology (CPT) procedure code(s) identifies all significant procedure(s) performed during the outpatient encounter.
Comments: Up to 5 secondary procedure codes may be recorded. See comments for the principal procedure CPT code.
Edit: Other Procedure CPT Codes 1 – 5 field must be:

- Present only if a principal procedure CPT code is present.
- Valid
- Consistent with patient's sex and age
- May include HCPCS codes

CMS-I500 FL 24d(2,3,4,5,6).

Field Name: Blank

Type: A
Position: 486-490
Length: 5

Field Name: Principal Procedure Physician Identifier

Type: N
Position: 491-501
Length: 11

Definition: The ten digit National Provider Identifier (NPI) of the physician performing the principal procedure.

Comments: Left justify with spaces to the right to complete the field.

Edit: Field must contain a valid NPI.

CMS-I500 FL17B.

Field Name: Blank

Type: A
Position: 502-567
Length: 66

Field Name: Principal Procedure Date

Type: N

Position: 568-575

Length: 8

Definition: The date the principal procedure was performed.

Comments: Principal procedure date has a eight digit format **MMDDYYYY** where:

- **MM** is the month in two digits ranging from 01 to 12
- **DD** is the day in two digits ranging from 01 to 31
- **YYYY** is the year the procedure was performed in four digits

Each of the three components must be right justified (all positions fully coded).

Edit: Principal Procedure date must be:

- Present
- Valid
- No earlier than date of encounter
- No later than discharge date
- No earlier than date of birth

CMS-I500 FL 24a(1).

Field Name: Blank

Type: A

Position: 576-593

Length: 18

Field Name: Primary Payer NPI

Type: N

Position: 594-608

Length: 15

Definition:

Comments: This field is to contain the National Plan Identifier of the primary payer.

Edit: The NPI must be present and that of a licensed health insurer or a valid payer.

CMS-I500 FL I I c.

Field Name: Secondary Payer NPI

Type: N

Position: 609-623

Length: 15

Definition: This field is to contain the National Plan Identifier of the secondary payer.

Comments: This field is to contain the National Payer Identifier (NPI) of the secondary payer.

Edit: The NPI must be present and that of a licensed health insurer or a valid payer.

CMS-I500 FL I I c.

Field Name: Primary Payer Name

Type: A

Position: 624-648

Length: 25

Definition: Name identifying the primary payer for this bill.

Comments: This field is to contain the name of the primary payer, spelled out as completely as space allows. If a name has more than 25 characters, use abbreviations that can be used to uniquely identify the payer. If the patient paid for or was responsible for the hospital stay, primary payer should indicate self-pay.

Edit: The name must be present and that of a licensed health insurer or a valid payer.

CMS-I500 FL 11.

Field Name: Secondary Payer Name

Type: A

Position: 649-673

Length: 25

Definition: Name identifying the secondary payer for this bill.

Comments: This field is to contain the name of the secondary payer spelled out as completely as space allows. If a name has more than 25 characters, use abbreviations that can be used to uniquely identify the payer. If the patient paid for or was responsible for part of the hospital stay, secondary payer should indicate self-pay.

Edit: The name must be that of a licensed health insurer or a valid payer.
e.g. self-pay, DOC, institutional, liability etc.

Currently not a CMS-I500 field.

Field Name: Payer Classification

Type: A

Position: 674-698

Length: 25

Definition: This field indicates the payer group

Comments: The payer group should be classified as:

1 – Commercial -
Includes HMO, PPO, POS, BCBS, Aetna,
HealthChoice, indemnity, etc.

2 – Medicare -
Includes HMO and insurance managed care

3 – Medicaid -
Includes Medicaid pending

4 – Veterans affairs / Military-
Includes Champus, Champva, Tricare,

5 – Workers Compensation

6 – Uninsured/ Self –pay

7 – Other -
All payers not in any of the above groups and
Including charity, Indian Health, auto liability
DOC or correctional institution.

Left justified with spaces to the right to complete
the field length.

Edit: The code must be present and valid.

Currently not a CMS-1500 field.

For questions please call: 405-271-6225

Field Name: Total Charges

Type: N

Position: 699-704

Length: 6

Definition: The total charges associated with the patient's encounter.

Comments: This entry is:

- Rounded to nearest whole dollar, no Decimals
- A maximum of five digits
- Right justified within the field.

Edit: This field must be present and valid.
Zero charges are not allowed, procedures that are not billed should indicate what the charges would have been if billing had occurred.

CMS-1500 FL 28.

Field Name: Blank

Position: 705-1517

Length: 813

Field Name: Principal Procedure CPT Modifier

Type: A

Position: 1518-1519

Length: 2

Definition: Modifiers indicate that a service was altered in some way from the stated CPT descriptor without changing the definition.

Comments: CPT modifiers must be:

- Two digits in length
- Left justified

Edit: CPT modifiers

- If present must be valid

CMS-1500 FL 24d(1)

Field Name: Other CPT Modifiers (1-4)

Type: A

Position: 1520-1527

Length: 4*2 (4 fields of length 2 bytes each)

Definition: Modifiers accompanying CPT codes 1-4.

Comments: CPT modifiers must be:

- Two digits in length
- Left justified

Edit: CPT modifiers

- If present must be valid

CMS-1500 FL 24d(2,3,4,5,6).

Field Name: Blank

Position: 1528-1528

Length: 1

Field Name: Other CPT Modifiers 5

Type: A

Position: 1529-1530

Length: 2

Definition: Modifiers accompanying CPT code 5

Comments: Same as that of other CPT modifiers 1-4

CMS-1500 FL 24d(6).

Field Name: Blank

Position: 1531-1532

Length: 2

Field Name: Facility Assigned Ambulatory Patient Classification (APC) (2-3)

Type: A

Position: 1533-1540

Length: 2*4 (2 fields of 4 bytes each)

Definition: The Ambulatory Patient Classifications assigned to the outpatient record by the facility. Up to three APCs may be reported.

APCs are not currently required for Ambulatory Surgery Centers

Comments: The APC field must be:

- Four digits in length
- Left justified with spaces to the right to complete the field length.

Edit: The APC field must be:

- Present
- Valid
- Consistent with age and sex

Currently not a CMS-1500 field.

NOTES:

NOTES:

For questions please call: 405-271-6225

NOTES:

**Health Care Information Staff and Contact Information
(405) 271-6225**

Mary Piscitello, MS*..... **Facility Coordinator****mary@health.ok.gov**
LouAnn Sanders, RHIT, LPNRecord Coding Specialist..... louanns@health.ok.gov
Binitha Kunnel, MSProject Coordinatorbinithak@health.ok.gov
Jeffrey CarlisleITjeffreyc@health.ok.gov
Kelly Baker, MPHDirectorkellyb@health.ok.gov

*Primary Contact



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