

**Source Data Specifications
Outpatient Care Data Set
All Tables in Comma Delimited Text File Format**

Note: Unless otherwise stated, field categories are as specified in the most recent version of the Official UB-04 Data Specifications Manual of the National Uniform Billing Committee. Data for satellite locations should be provided separately.

Encounter Table		
Field #	Data Element Name	Field Type and Size
1	Account Type	A(1); E = Emergency Department A = Ambulatory Surgery Center I = Inpatient O = Outpatient Clinic
2	Record Type	AN(2) = 01
3	Facility National Provider ID	AN(10)
4	Patient Social Security Number	AN(9)
5	Medical Record Number	AN(24)
6	Patient Control Number	AN(24)
7	Bill Type	AN(4); fourth character is type of bill frequency code = 1
8	Statement Covers Period From	mmddyyyy
9	Statement Covers Period Through	mmddyyyy
10	Patient Address – Line 1	AN(55)
11	Patient Address – Line 2	An(55)
12	Patient Address - City	AN(30)
13	Patient Address - State	AN(2)
14	Patient Address - Zip	AN(5)
15	Patient Address – Zip code Ext	AN(4)
16	Patient Birth Date	mmddyyyy
17	Patient Sex	AN(1) ; Male = M, Female = F and Unknown = U
18	Admit Type	AN(1); 1 = Emergency 2 = Urgent 3 = Elective 4 = Newborn 5 = Trauma Center 9 = Information not available
19	Admission/Start of Care Date	mmddyyyy
20	Admission/Registration Hour	AN(2)
21	Source of Admission	AN(1); 0 = Information not available 1 = Non-health care facility point of origin 2 = Clinic or physician's office 4 = Transfer from a hospital 5 = Transfer from a SNF, ICF, or ALF 6 = Transfer from another health care facility 8 = Court/law enforcement 9 = Newborn D = Transfer from one distinct unit of the hospital to another distinct unit of the same hospital E = Transfer from ambulatory surgery center F = Transfer from a hospice facility
22	Discharge Date	mmddyyyy

23	Discharge Hour	AN(2)
24	Patient Discharge Status	AN(2); 1 = Home or self-care 2 = Discharged or transferred to another short term general hospital for inpatient care 3 = Discharged or transferred to a Skilled Nursing Facility (SNF) with Medicare Certification 4 = Discharged or transferred to an Intermediate Care Facility (ICF) 5 = Discharged or transferred to Cancer Center or Children's Hospital 6 = Discharged or transferred home under care of organized Home Health Service 7 = Left against medical advice or discontinued care 8 = Discharged or transferred to home under care of a home IV Provider 9 = Admitted to this hospital 20 = Expired 21 = Discharged or transferred to Court/Law Enforcement 30 = Still patient 40 = Expired at home 41 = Expired in a medical facility e.g. hospital, SNF, ICF or freestanding hospice care 42 = Expire -place unknown 43 = Discharged or transferred to a Federal Health Care Facility 50 = Hospice - home 51 = Hospice - medical facility 61 = Discharged to hospital-based Medicare approved swing bed 62 = Discharged to an inpatient rehab facility or IRF or rehab unit of hospital 63 = Discharged to Medicare certified long-term care hospital (LTCH) 64 = Discharged to nursing facility certified under Medicaid but not Medicare 65 = Discharged to psychiatric hospital or psychiatric distinct part unit of a hospital 66 = Discharged to a critical access hospital 70 = Discharged or transferred to another type of institution not defined elsewhere in this code list
25	Patient Ethnicity	AN(1); 1 = Hispanic/Latino, 2 = Non-Hispanic/Non-Latino
26	Patient Race	AN(1); 1 = White 2 = Black/African American 3 = American Indian/Alaskan Native 4 = Native Hawaiian/Other Pacific Islander 5 = Asian 6 = Two or more races 7 = Some other race 8 = Unknown

27	Relationship to Insured - Primary	AN(2); 01 Spouse 18 Self 19 Child 20 Employee 21 Unknown 30 Organ Donor 40 Cadaver Donor 53 Life Partner G8 Other Relationship
28	Attending Physician Number	AN(9) – State License #
29	Attending Physician NPI	AN(10)
30	Primary Payer ID	AN(5)
31	Secondary Payer ID	AN(5)
32	Tertiary Payer ID	AN(5)
33	Health Plan ID 1	AN(15)
34	Health Plan ID 2	AN(15)
35	Health Plan ID 3	AN(15)
36	Primary Payment Source 1	AN(1); A = Self pay B = Worker's Compensation C = Medicare D = Medicaid E = Commercial Insurance Company F = Medicare Managed Care G = Medicaid Managed Care H = Commercial Insurance Managed Care I = CHAMPUS/TRICARE J = Other Government Payment K = Title V L = No Charge or free care M = Other
37	Secondary Payment Source 2	AN(1); Same categories as (34)
38	Tertiary Payment Source 3	AN(1); Same categories as (34)
39	Primary Responsibility	N(8)
40	Secondary Responsibility	N(8)
41	Tertiary Responsibility	N(8)
42	Co-insurance 1	N(8)
43	Co-insurance 2	N(8)
44	Co-insurance 3	N(8)
45	Deductible 1	N(8)
46	Deductible 2	N(8)
47	Deductible 3	N(8)
48	Total Charges	N(12); Revenue code 0001
49	Admitting Diagnosis	AN(8) – includes present on admission indicator
50	Patient's Reason for Visit /Presenting Complaint Diagnosis	AN(8) – includes present on admission indicator
51	External Cause of Injury Code 1	AN(8) – includes present on admission indicator
52	External Cause of Injury Code 2	AN(8) – includes present on admission indicator
53	External Cause of Injury Code 3	AN(8) – includes present on admission indicator

54	Previous Admission	AN(1); 1 = Less than 31 days 2 = More than 30 but less than 61 days 3 = More than 60 but less than 91 days 4 = More than 90 but less than 181 days 5 = More than 180 days 6 = No previous hospitalization 7 = Unknown
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Diagnosis Table		
Field #	Data Element Name	Format
55	Record Type	AN(2) = 02
56	Facility National Provider ID	AN(10)
57	Medical Record Number	AN(24)
58	Patient Control Number	AN(24)
59	Diagnosis Code Sequence (1-10)	N(2)
60	Diagnosis Code (ICD-9-CM) (1-10)	AN(8) – includes present on admission indicator
61	Condition Code (1-10)	AN(2)
62	Occurrence Code (1 – 10)	AN(2)
63	Occurrence Date (1 – 10)	mmddyyyy

Procedure Table		
Field #	Data Element Name	Format
64	Record Type	AN(2) = 03
65	Facility National Provider ID	AN(10)
66	Medical Record Number	AN(24)
67	Patient Control Number	AN(24)
68	Procedure Code Sequence (1 – 10)	N(2)
69	Procedure Code (ICD-9-CM) (1-10)	AN(7)
70	Procedure Date	mmddyyyy
71	Procedure Physician ID	AN(9) – State License ID
72	Procedure Physician NPI	AN(10)

Revenue Code Table		
Field #	Data Element Name	Format
73	Record Type	AN(2) = 04
74	Facility National Provider ID	AN(10)
75	Medical Record Number	AN(24)
76	Patient Control Number	AN(24)
77	Revenue Code (UB-04)	N(4)
78	Charges	N(9); Charges have to be for unique revenue codes and CPT/HCPC code combinations, else there will be double counting
79	Units of Service	N(7)
80	CPT/HCPC Code, if available	AN(5)
81	1 st Modifier for CPT/HCPC Code	AN(2)
82	2 nd Modifier for CPT/HCPC Code	AN(2)
83	3 rd Modifier for CPT/HCPC Code	AN(2)
84	4 th Modifier for CPT/HCPC Code	AN(2)
85	5 th Modifier for CPT/HCPC Code	AN(2)
86	CPT/HCPC Service Date	mmddyyyy

Facility Table		
Field #	Data Element Name	Format
87	Record Type	AN(2) = 05
88	Facility National Provider ID	AN(10)
89	Medicare Provider ID	AN(4); Last four characters of ID
90	Facility Address	AN(25)
91	Facility City	AN(16)
92	Facility Zip Code	AN(5)

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