Kentucky
Data Coordinator's Manual
For
Ambulatory Facilities

Revised
January 1, 2019

Data Collection Help Desk
1-888-992-4320

www.KYIPOP.org

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KY IPOP Data Coordinator's Manual for Ambulatory Facilities Highlights of Changes

The following changes were made to this version of the manual.

- **Cover Page** - Revised date changed to January 1, 2019
- Page 18 – Anthem Health Plans of KY PPO Plan
- Page 19 and 20 – Payer Mapping Codes
    - 98901 Aetna Health Commercial HMO Plan
    - 98902 Aetna Health Commercial PPO Plan
    - 98903 Aetna Health Commercial POS Plan
    - 98904 Humana Commercial HMO Plan
    - 98905 Humana Commercial PPO Plan
    - 98906 Anthem Health Plans of KY POS Plan
    - 98907 Anthem Health Plans of KY Fee-For-Service Plan
    - 98908 Anthem Health Plans of KY HMO Plan
    - 98931 United Healthcare Commercial POS Plan
    - 98932 United Healthcare Commercial Fee-For-Service Plan
    - 98933 United Healthcare Commercial PPO Plan
    - 98934 United Healthcare of KY Commercial POS Plan
    - 98935 United Healthcare of KY Commercial HMO Plan
    - 98936 United Healthcare of Ohio Commercial POS Plan
    - 98937 Cigna Health & Life Fee-For-Service Commercial Plan
    - 98938 Cigna Health & Life Commercial PPO Plan
    - 98939 Nippon Life Insurance Company of America
    - 98941 CareSource Kentucky HMO Plan
    - 98942 Wellcare Health Plans of KY HMO Plan
    - 98943 Pending MCO Insurance
- Page 28 – Data Element 106 Patient's Primary Phone Number
- Page 39 – Patient's Name (Last name, First name, Middle initial) required for all Outpatient Records
- Page 39 – Patient's Name data element starting at 2125 -2158, 34 in length
- Page 39 – Patient's Home Address (street) required for all Outpatient Records
- Page 40 – Patient's City required for all Outpatient Records
- Page 40 - Patient's State required for all Outpatient Records
- Page 40 – Primary Insured's Member ID Number required for all Inpatient Records. If the patient is self pay, charity or does not currently have any insurance please use 987654321
- Page 40 - Medical Health Record Number required for all Outpatient Records
- Page 40 – Filler 2302– 2500
- Page 42 – Primary Insured's Member ID Number required for all Outpatient Records. If the patient is self pay, charity or does not currently have any insurance please use 987654321
- Page 43 - Anthem Health Plans of KY PPO Plan
- Page 44 and 45 – Payer Mapping Codes

- 98901 Aetna Health Commercial HMO Plan
- 98902 Aetna Health Commercial PPO Plan
- 98903 Aetna Health Commercial POS Plan
- 98904 Humana Commercial HMO Plan
- 98905 Humana Commercial PPO Plan
- 98906 Anthem Health Plans of KY POS Plan
- 98907 Anthem Health Plans of KY Fee-For-Service Plan
- 98908 Anthem Health Plans of KY HMO Plan
- 98931 United Healthcare Commercial POS Plan
- 98932 United Healthcare Commercial Fee-For-Service Plan
- 98933 United Healthcare Commercial PPO Plan
- 98934 United Healthcare of KY Commercial POS Plan
- 98935 United Healthcare of KY Commercial HMO Plan
- 98936 United Healthcare of Ohio Commercial POS Plan
- 98937 Cigna Health & Life Fee-For-Service Commercial Plan
- 98938 Cigna Health & Life Commercial PPO Plan
- 98939 Nippon Life Insurance Company of America
- 98941 CareSource Kentucky HMO Plan
- 98942 Wellcare Health Plans of KY HMO Plan
- 98943 Pending MCO Insurance

- Page 45 -46 – Patient's Name (Last Name, First Name, Middle Initial) Required for all Outpatient Records
- Page 46 – Patient's Home Address (street) Required for all Outpatient Records
- Page 46 – Patient's City Required for all Outpatient Records
- Page 46 – Patient's State Required for all Outpatient Records
- Page 49 - Medical Health Record Number required for all Outpatient Records

What is Kentucky IPOP?

Kentucky Inpatient Outpatient Data Collection System (KY IPOP) is an online system that securely allows for the submission, collection, and editing of all inpatient and all outpatient case level data from facilities, as required by statute and administrative regulation, to the Commonwealth of Kentucky.

The Kentucky IPOP data collection system is to include all outpatient visits to Kentucky hospitals and related facilities. Outpatient is defined as any patient visit that is not considered inpatient. Patient accounts that should be included are all outpatient procedure codes.

Kentucky IPOP data collection system will begin collecting 2010 third calendar quarter (having a discharge date greater than or equal to July 1, 2010) for all required outpatient cases. Use this manual to guide you through the IPOP system.

The most critical component for utilizing information is the data from which the information is derived. The integrity and usefulness of the KHA Kentucky IPOP information are based on the accurate and complete reporting of the data from each individual facility.

State Mandates and Data Uses

This manual was developed according to mandated data reporting requirements set forth in the following statues and regulations:

- KRS 216.2920-2929 which authorizes the Kentucky Cabinet for Health and Family Services to collect and analyze health care data contained on claims documents.
  - Data reporting requirements have been approved by the Cabinet, and are published as Administrative Regulation 900 KAR 7:030.
  - Data is used to develop the Cabinet's mandated legislative reports and public information focusing on the cost, quality, and outcomes of health services provided in the Commonwealth.
  - Used to support different health related programs:
    - Office of Health Data and Analytics work on health care Policy
    - Quality and outcomes reporting to the legislature
    - Department of Public Health
  - Data reporting regulations can be obtained at www.lrc.state.ky.us/KAR/title900htm.

KENTUCKY IPOP Data Coordinator Guidelines

Each data coordinator will be responsible for submitting, correcting, and monitoring their facility's data for inclusion in the KENTUCKY IPOP database as outlined in this manual. The Data Coordinator should review the Kentucky IPOP Manual, and address any questions with KHA staff at HELP LINE or Website Address prior to any data submission.

- Each facility will designate a primary and secondary (backup) Data Coordinator.
- Inform Kentucky Hospital Association of personnel changes.
- Discuss your data reporting needs with the appropriate staff members at your facility, to ensure that the various departments within your organization understand their part in the process.
- A facility that utilizes a vendor for claims processing may request a username and password for the vendor.

Data Submission Highlights

Facilities submit data directly to Kentucky Hospital Association using KENTUCKY IPOP, in one of the file layouts specified in this manual.

- Quarterly deadlines will be established for the submission of data.
- Facilities will be notified of the data submission deadlines in advance, and will also receive submission deadline reminders via email.
- The method of data submission is via KENTUCKY IPOP secure internet EFT. You must have access to the internet to send files via EFT.
- Each data batch file submitted may contain records for multiple weeks or months within a specific quarter year. Error correction does not require resubmission of the record.
- Corrections are made through our secure website though a real-time edit process. If the batch contains significant numbers of records with errors, the data coordinator may choose to delete the batch, correct the submission issue and resubmit the batch. Batches that have specific problems may be rejected by the system.

  Examples:

  - If the batch layout format has significant structural failure, the entire batch will be rejected.
  - If the patient control number or facility number is missing from the record, the entire batch will be rejected.
  - For flat file submissions, if the page number is missing, the batch will be rejected.
  - If the DNR field = P1 for over 50% of the records in the batch, the batch will be rejected.
  - For 837 file submissions, the hierarchy HL segments must have a unique ID and the HL segments must properly link.
  - If the batch contains 80% of duplicate patient control numbers the batch will be rejected.
  - The batch will reject if it contains more than 3% of records with Race of ‘R9’.
  - The batch will reject if it contains more than 1% of records with Payer Code ‘00000’.

- No paper administrative data submission will be accepted.

Mandatory Data Submissions (Types of data required to be submitted)

All outpatient visits to ambulatory facilities are required to be submitted to IPOP. In order to be HIPAA compliant, ambulatory facilities must have signed business associate agreement to submit the mandated Outpatient records. If you are not sure if your facility has a business associate agreement with KHA for this purpose, please contact the help line.

- IPOP includes all CPT® / HCPCS procedure codes that are accepted for inclusion in our database.
    - Patient Accounts that should be included are:
        - All Outpatient Procedure Codes (CPT and HCPCS codes)

Outpatient Bill Types

- 131 – Hospital; Outpatient; Admit through Discharge Claim
- 431 – Religious Non-Medical Healthcare Institution – Hospital Inpatient; Outpatient; Admit through Discharge Claim
- 731 – Clinic; Freestanding; Admit through Discharge
- 831 – Special Facility or ASC Surgery; Freestanding; Admit through Discharge

Effective **01/01/2015**

All Outpatient CPT and HCPCS procedure codes are required

Data Submission Timetable

Hospitals and related ambulatory facilities are required to submit data to the Cabinet through Kentucky IPOP on a quarterly basis, at a minimum. Facilities may submit cases more frequently and KHA encourages a more frequent submission schedule.

Calendar quarters are:

January 1 through March 31
April 1 through June 30
July 1 through September 30
October 1 through December 31

- Initial submissions of Case Counts and Case Data are due no later than 45 days after the quarter close date. If the 45th day falls on a weekend or a holiday, the submission will be due on the next working day.
- Final submission for Case Counts and Case Data are due 75 days from the quarter close date. If the 75th day falls on a weekend or a holiday, the submission will be due on the next working day.

Through the above schedule, facilities are provided thirty (30) days in which to submit corrections. Submitting on a more-frequent schedule will allow facilities more lead time to identify and correct errors.

Late Load Policy

KHA will charge $500 per provider for each calendar quarter of data to be late loaded after a given quarter is closed (e.g. the fee to submit both inpatient and outpatient data for the same quarter would be $1,000). The $500 fee is in effect for late loaded data for any time period (e.g. one month of data) within a closed quarter.

Data is considered a “late load” after KHA has “closed” a calendar quarter and stopped accepting data for that given quarter.

To be considered “clean” – all data must pass each KENTUCKY IPOP edit and audit prior to loading into the KENTUCKY IPOP finished databases.

Late load data will be loaded into the KENTUCKY IPOP databases at one time each month. Late loaded data that is received by the 15th of a given month will become available for access on KENTUCKY IPOP on the last business day of that same month.

The following page contains the necessary form and instructions for submitting a late load request. The actual form is available at the KY IPOP website.

LATE DATA LOAD SUBMISSION FORM

Facility Information:	
Facility Name	
City	
State	
Facility Contact:	
Name	
Email Address	
Phone Number	
Person Completing Form: __Same as Facility Contact	
Name	
Title	
Email Address	
Phone Number	

Process Type (Check Applicable):

☐ Inpatient ☐ Outpatient

Data Time Period to be submitted:

Year: _____ Quarter: _____

Reason for Requesting Late Load:

Late Load for (Check One):

☐ Entire Quarter ☐ Specific Batch (enter batch number) _____

Will monthly reported counts remain as reported? (Check One)

☐ Yes ☐ No *(enter new count or counts)*

Month	Count

Data will be submitted to KY IPOP by:	(MM/DD/YYYY)

I understand the Late Load policy and that my facility will be invoiced by KHA for a late load fee totaling _____ *($500 per quarter per data type – IP or OP)*

Signature:	Date:

Case Count Submission

Your facility must report the actual number of both inpatient discharges and outpatient cases for each quarter.

Month - Year	**Inpatient Reported Counts**	**Outpatient Reported Counts**
January		
February		
March		
Q1 Total		
April		
May		
June		
Q2 Total		
July		
August		
September		
Q3 Total		
October		
November		
December		
Q4 Total		

- Initial submission of Case Counts and Case Data are due no later than 45 days after the quarter close date. If the 45th day falls on a weekend or a holiday, the submission will be due on the next working day.
- Final submission for Case Counts and Case Data are due 75 days from the quarter close date. If the 75th day falls on a weekend or a holiday, the submission will be due on the next working day.

Case counts may not be changed after the close of the quarter unless approved by the Office of Health Data and Analytics. Requests for changes in case counts (without late load submission) may be made by e-mail to the KY IPOP administrator.

Facility Verification Information

Each quarter, facilities will be asked to verify key information before the edited data can be final-submitted. The following information will be present on a verification screen:

- Data Collection ID (21xxxxxx or KASxxx)
- Facility Name
- Facility License Number
- Facility NPI (primary facility ID used in the data submission)
- Facility Mailing Address
- City, State ZIP Code
- Administrator (CEO) Name
- Administrator (CEO) Telephone Number
- Administrator (CEO) Fax
- Administrator (CEO) E-mail
- Primary Data Coordinator Name
- Primary Data Coordinator Telephone Number
- Primary Data Coordinator Fax
- Primary Data Coordinator E-mail
- Secondary Data Coordinator Name
- Secondary Data Coordinator Telephone Number
- Secondary Data Coordinator Fax
- Secondary Data Coordinator E-mail

The facility is required to verify these elements and submit any changes to KHA. The verification screen will have a link to submit corrections.

A form for initial submission of the information is available at the KY IPOP website and is shown on the next page.

Data Coordinator Information

Please submit information changes on this form.

Facility General Information (please print):

Facility Information						
	Facility Name					
	Facility License #		KY IPOP Facility Data Collection ID #			
	Facility Address					
	City		State		ZIP Code	
	Administrator Name		Administrator Telephone	( ) -		
	Administrator Title		Administrator E-mail			

Primary Data Coordinator (please print):

The Primary Data Coordinator receives submission verification reports and other communications.

Primary Data Coordinator					
	Name				
	Title				
	☐ Check Here if Same as Facility Address				
	Address				
	City		State	ZIP Code	
	Telephone	( ) -	Fax	( ) -	
	e-mail				

Secondary Data Coordinator (please print):

Secondary Data Coordinator					
	Name				
	Title				
	☐ Check Here if Same as Facility Address				
	Address				
	City		State	ZIP Code	
	Telephone	( ) -	Fax	( ) -	
	e-mail				

FAX this completed form to: 502-814-0328

Flat File Format

The following pages contain the outpatient flat file format layout for submitting data records.

Kentucky IPOP **Outpatient** Data
Expanded Flat file Format Layout

Data Element	Description	Position			Alpha-numeric	Numeric Only	Field Justifi-cation	HCFA 1500 Field #	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
		From	To	Length							
1*	Patient DOB	1	8	8		X		3	10	~ MMDDYYYY Format ~ DOB must occur prior to or on same date as discharge ~ Patient must be 124 years old or less ~ Edited to check patient's age vs. logic of diagnoses and procedures	
2*	Patient Sex	9	9	1	X			3	11	M = Male F = Female U = Unknown	
3*	Patient ZIP Code	10	14	5		X		5	9	Zip Code of patient's residence	Unknown = 00000, Foreign = 99999 *No more than 1% of records may contain the above values.*
4	Filler	15	18	4	X					Blank Fill	

* Required Field ** Required if present in the record

Kentucky IPOP **Outpatient** Data
Expanded Flat file Format Layout

Data Element	Description	Position			Alpha-numeric	Numeric Only	Field Justifi-cation	HCFA 1500 Field #	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
		From	To	Length							
5*	1st Individual Payer ID #	19	27	9		X	L	1	51A	Expected Principal Payment Source – The health plan from which the provider might expect payment for the bill. ~ Map the payer type designated in HCFA 1500 field 1 boxes to the appropriate code to the right ~ Patient's payer source must be mapped to one of the 5digit codes to the right ~ Appropriate code must also be used for Self Pay and Charity patients	**Payer Mapping Codes** 98910 = Medicare (Excl. Managed Care) 98911 = Black Lung 98912 = Charity – defined according to the facility policy at time of discharge 98913 = Hill Burton Free Care 98914 = Tricare (Champus) 98915 = ChampVA 98916 = In State Medicaid 98917 = Out of State Medicaid 98918 = Self Pay 98921 = Commercial – Indemnity 98922 = Commercial – HMO 98923 = Commercial – PPO 98924 = Commercial - Other 98930 = Other Self Administered Plan 98940 = Passport Medicaid Mgd. Care 98945 = Medicare Managed Care 98950 = Workers Compensation 98960 = ~~Blue Cross Blue Shield~~ **Anthem Health Plans of KY PPO Plan** 00000 = Other 98970 = Aetna Better Health of Kentucky formerly Coventry Care of Kentucky effective date 2/1/16 98980 = WellCare of Kentucky 98990 = Kentucky Spirit Health Plan End Date 1/1/2015 98925 = VA 98926 = Auto Insurance 98927 = Other Facility

* Required Field ** Required if present in the record

Data Element	Description	Position			Alpha-numeric	Numeric Only	Field Justifi-cation	HCFA 1500 Field #	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
		From	To	Length							
											98928 = Pending Insurance 98929 = Humana Medicaid Managed Care 98991 = BCBS Medicaid Managed Care **98992 =Wellcare Health Commercial Plan (effective 01/01/2015)** **98993 =Care Source KY Commercial Plan (effective 01/01/2015)** **98994 =Kentucky Health Cooperative Health** **98901 Aetna Health Commercial HMO Plan** **98902 Aetna Health Commercial PPO Plan** **98903 Humana Commercial POS Plan** **98904 Humana Commercial HMO Plan** **98905 Humana Commercial PPO Plan** **98906 Anthem Health Plans of KY POS Plan** **98907 Anthem Health Plans of KY Fee-For-Service Plan** **98908 Anthem Health Plans of KY HMO Plan** **98931 United Healthcare Commercial POS Plan** **98932 United Healthcare Commercial Fee-For-Service Plan** **98933 United Healthcare Commercial PPO Plan** **98934 United Healthcare of KY**

* Required Field ** Required if present in the record

Data Element	Description	Position			Alpha-numeric	Numeric Only	Field Justifi-cation	HCFA 1500 Field #	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
		From	To	Length							
											98934 Commercial POS Plan **98935** United Healthcare of KY Commercial HMO Plan **98936** United Healthcare of Ohio Commercial POS Plan **98937** Cigna Health & Life Fee-For-Service Commercial Plan **98938** Cigna Health & Life Commercial PPO Plan **98939** Nippon Life Insurance Company of America **98941** CareSource Kentucky HMO Plan **98942** Wellcare Health Plans of KY HMO Plan **98943** Pending MCO Insurance *No more than 1% of records may contain 00000 = Other.*
6	Filler	28	36	9	X					Blank Fill	
7	Filler	37	45	9	X		L			Blank Fill	
8*	Date of Admission	46	51	6		X		24A1	12	**Date of Admission** as Outpatient ~ MMDDYY Format ~ No hyphens or slashes ~ Admission date cannot precede birth date or 1993 ~ Discharge date cannot precede admission date	
9	Filler	52	52	1	X					Blank Fill	

* Required Field ** Required if present in the record

Kentucky IPOP **Outpatient** Data
Expanded Flat file Format Layout

Data Element	Description	Position			Alpha-numeric	Numeric Only	Field Justifi-cation	HCFA 1500 Field #	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
		From	To	Length							
10	Filler	53	53	1	X					Blank Fill	
11*	Type of Bill	54	56	3		X			4	**Bill Type** is a 3 digit code indicating if bill is outpatient, adjustments, void, etc. ~ **Submit final bills only. No interim bills accepted**	The only valid codes are: 831 Special Facility or ASC Surgery; Freestanding; Admit through Discharge Default value for this field is 831
12*	Principal Diagnosis	57	64	8	X		L	21 1	67	Must be valid ICD-9-CM code established after admission as responsible for outpatient care necessity **As of 10/1/2015 must be a valid ICD-10-CM code established after admission as responsible for outpatient care necessity** ~ Must be consistent with patient's age and gender ~ Space fill right, no decimals	
13**	1st Other Diagnosis	65	72	8	X		L	21 2-4	67	Additional condition that coexists at the time of admission, or develops during facility stay, and has effect on the treatment provided or the length of stay ~ Enter all diagnoses that appear on the patient case in the following consecutive fields ~ Up to 24 Other Diagnoses are accepted. If more exist, include only those that affect the patient's treatment and length of stay. Avoid symptom codes. ~ Must be consistent with patient's age and gender ~ Space fill right, no decimals	

* Required Field ** Required if present in the record

Data Element	Description	Position			Alpha-numeric	Numeric Only	Field Justifi-cation	HCFA 1500 Field #	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
		From	To	Length							
14**	2nd Other Diagnosis	73	80	8	X		L	21 2-4	67	As above	As above
15**	3rd Other Diagnosis	81	88	8	X		L	21 2-4	67	As above	As above
16**	4th Other Diagnosis	89	96	8	X		L	21 2-4	67	As above	As above
17**	5th Other Diagnosis	97	104	8	X		L	21 2-4	67	As above	As above
18**	6th Other Diagnosis	105	112	8	X		L	21 2-4	67	As above	As above
19**	7th Other Diagnosis	113	120	8	X		L	21 2-4	67	As above	As above
20**	8th Other Diagnosis	121	128	8	X		L	21 2-4	67	As above	As above
21	Filler	129	129	1	X					Blank Fill	
22*	1st Position Procedure Code	130	143	14	X		L	24D1	74	Use procedure performed for definitive treatment, not for exploratory purposes ~ Only CPT® / HCPCS codes, plus modifies, if applicable, allowed for **outpatient** services. ~ 5 digit code, plus up to four 2-digit modifiers may be reported for any procedure. HCPCS modifiers are accepted on CPT® codes ~ Must be valid codes/modifiers for discharge date timeframe ~ Space fill right ~ Must be consistent with patient's gender	Format programming notes: CPT = 99999

* Required Field ** Required if present in the record

Data Element	Description	Position			Alpha-numeric	Numeric Only	Field Justifi-cation	HCFA 1500 Field #	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
		From	To	Length							
23*	1st Position Procedure Date	144	149	6		X		24A1	74	~ MMDDYY format ~ No hyphens or slashes ~ Procedure date cannot occur after discharge date ~ Procedure date can occur prior to the admission date	
24	Filler	150	151	2	X					Blank Fill	
25**	1st Other Procedure Code	152	165	14	X		L	24D 2-6	74	Additional procedure performed other than principal procedure ~ Must be consistent with patient's gender ~ Space fill right, no decimals or hyphens ~ Enter all procedures that appear on the patient case in the following consecutive fields	Up to 24 Other Procedure Codes are allowed. Same instructions as for element #22
26**	1st Other Procedure Date	166	171	6		X		24A 2-6	74	~ MMDDYY format ~ No hyphens or slashes ~ Procedure date cannot occur after discharge date ~ Procedure date can occur prior to the admission date ~ Required if corresponding procedure is recorded	Same instructions as for element #23
27**	2nd Other Procedure Code	172	185	14	X		L	24D 2-6	74	Same as element #25	
28**	2nd Other Procedure Date	186	191	6		X		24A 2-6	74	Same as element #26	
29**	3rd Other Procedure	192	205	14	X		L	24D 2-6	74	Same as element #25	

* Required Field ** Required if present in the record

Data Element	Description	Position			Alpha-numeric	Numeric Only	Field Justifi-cation	HCFA 1500 Field #	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
		From	To	Length							
	Code										
30**	3rd Other Procedure Date	206	211	6		X		24A 2-6	74	Same as element #26	
31**	4th Other Procedure Code	212	225	14	X		L	24D 2-6	74	Same as element #25	
32**	4th Other Procedure Date	226	231	6		X		24A 2-6	74	Same as element #26	
33**	5th Other Procedure Code	232	245	14	X		L	24D 2-6	74	Same as element #25	
34**	5th Other Procedure Date	246	251	6		X		24A 2-6	74	Same as element #26	
35	Filler	252	255	4	X					Blank Fill	
36**	1st Units of Service	256	262	7		X	R	24G	46	A quantitative measure of services rendered by revenue code ~ Right justify, zero fill left	
37*	1st Charge	263	272	10		X	R	24F1	47	Total charges for the corresponding 1st procedure ~ Enter all charges that appear on the patient case in the following consecutive fields ~ The sum of all charges must be positive ~ Right justify, zero fill left **There must be a related Charge for every Service Line Item on the patient record**	Programming notes: ~ Programming Format: S9(8)V99 ~ Signed fields are unpacked, signed, right justified, zero filled to left ~ When including sign, used zoned decimal representation **See Appendix A for Zoned Decimal Representation Table** ~ Charge fields have an assumed decimal with 2 positions to the right for cents
38	Filler	273	276	4	X					Blank Fill	

* Required Field ** Required if present in the record

Data Element	Description	Position			Alpha-numeric	Numeric Only	Field Justifi-cation	HCFA 1500 Field #	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
		From	To	Length							
39**	2nd Units of Service	277	283	7		X	R	24G	46	Same as element #36	
40**	2nd Charge	284	293	10		X	R/L	24F 2-6	47	Charges for additional associated procedure. ~ Zero charge values allowed when bundle billing procedures ~ Charges must be Right Justified and zero filled ~ Any unused charge fields should be Space filled and Left Justified	
41	Filler	294	297	4	X					Blank Fill	
42**	3rd Units of Service	298	304	7		X	R	24G	46	Same as element #36	
43**	3rd Charge	305	314	10		X	R/L	24F 2-6	47	Same as element #40	
44	Filler	315	318	4	X					Blank Fill	
45**	4th Units of Service	319	325	7		X	R	24G	46	Same as element #36	
46**	4th Charge	326	335	10		X	R/L	24F 2-6	47	Same as element #40	
47	Filler	336	339	4	X					Blank Fill	
48**	5th Units of Service	340	346	7		X	R	24G	46	Same as element #36	
49**	5th Charge	347	356	10		X	R/L	24F 2-6	47	Same as element #40	
50	Filler	357	360	4	X					Blank Fill	
51**	6th Units of Service	361	367	7		X	R	24G	46	Same as element #36	
52**	6th Charge	368	377	10		X	R/L	24F 2-6	47	Same as element #40	
53	Filler	378	381	4	X					Blank Fill	
54**	7th Units of Service	382	388	7		X	R	24G	46	Same as element #36	
55**	7th Charge	389	398	10		X	R/L	24F 2-6	47	Same as element #40	
56	Filler	399	402	4	X					Blank Fill	
57**	8th Units of	403	409	7		X	R	24G	46	Same as element #36	

* Required Field ** Required if present in the record

Data Element	Description	Position			Alpha-numeric	Numeric Only	Field Justifi-cation	HCFA 1500 Field #	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
		From	To	Length							
	Service										
58**	8th Charge	410	419	10		X	R/L	24F 2-6	47	Same as element #40	
59	Filler	420	423	4	X					Blank Fill	
60**	9thUnits of Service	424	430	7		X	R	24G	46	Same as element #36	
61**	9th Charge	431	440	10		X	R/L	24F 2-6	47	Same as element #40	
62	Filler	441	444	4	X					Blank Fill	
63**	10thUnits of Service	445	451	7		X	R	24G	46	Same as element #36	
64**	10th Charge	452	461	10		X	R/L	24F 2-6	47	Same as element #40	
65	Filler	462	465	4	X					Blank Fill	
66**	11thUnits of Service	466	472	7		X	R	24G	46	Same as element #36	
67**	11th Charge	473	482	10		X	R/L	24F 2-6	47	Same as element #40	
68	Filler	483	486	4	X					Blank Fill	
69**	12thUnits of Service	487	493	7		X	R	24G	46	Same as element #36	
70**	12th Charge	494	503	10		X	R/L	24F 2-6	47	Same as element #40	
71	Filler	504	507	4	X					Blank Fill	
72**	13thUnits of Service	508	514	7		X	R	24G	46	Same as element #36	
73**	13th Charge	515	524	10		X	R/L	24F 2-6	47	Same as element #40	
74	Filler	525	528	4	X					Blank Fill	
75**	14thUnits of Service	529	535	7		X	R	24G	46	Same as element #36	
76**	14th Charge	536	545	10		X	R/L	24F 2-6	47	Same as element #40	
77	Filler	546	549	4	X					Blank Fill	
78**	15thUnits of Service	550	556	7		X	R	24G	46	Same as element #36	
79**	15th Charge	557	566	10		X	R/L	24F 2-6	47	Same as element #40	
80	Filler	567	570	4	X					Blank Fill	

* Required Field ** Required if present in the record

Kentucky IPOP **Outpatient** Data
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Data Element	Description	Position			Alpha-numeric	Numeric Only	Field Justifi-cation	HCFA 1500 Field #	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
		From	To	Length							
81**	16th Units of Service	571	577	7		X	R	24G	46	Same as element #36	
82**	16th Charge	578	587	10		X	R/L	24F 2-6	47	Same as element #40	
83	Filler	588	591	4	X					Blank Fill	
84**	17th Units of Service	592	598	7		X	R	24G	46	Same as element #36	
85**	17th Charge	599	608	10		X	R/L	24F 2-6	47	Same as element #40	
86	Filler	609	612	4	X					Blank Fill	
87**	18th Units of Service	613	619	7		X	R	24G	46	Same as element #36	
88**	18th Charge	620	629	10		X	R/L	24F 2-6	47	Same as element #40	
89	Filler	630	633	4	X					Blank Fill	
69**	19th Units of Service	634	640	7		X	R	24G	46	Same as element #36	
91**	19th Charge	641	650	10		X	R/L	24F 2-6	47	Same as element #40	
92	Filler	651	654	4	X					Blank Fill	
93**	20th Units of Service	655	661	7		X	R	24G	46	Same as element #36	
94**	20th Charge	662	671	10		X	R/L	24F 2-6	47	Same as element #40	
95	Filler	672	675	4	X					Blank Fill	
96**	21st Units of Service	676	682	7		X	R	24G	46	Same as element #36	
97**	21st Charge	683	692	10		X	R/L	24F 2-6	47	Same as element #40	
98	Filler	693	696	4	X					Blank Fill	
99**	22nd Units of Service	697	703	7		X	R	24G	46	Same as element #36	
100**	22nd Charge	704	713	10		X	R/L	24F 2-6	47	Same as element #40	
101	Filler	714	717	4	X					Blank Fill	
102	Filler	718	724	7	X					Blank Fill	
103*	Total Charges for the Case	725	734	10		X	R	28	47	Report ONLY the Total Charges for the patient in this field	

* Required Field ** Required if present in the record

Kentucky IPOP **Outpatient** Data
Expanded Flat file Format Layout

Data Element	Description	Position			Alpha-numeric	Numeric Only	Field Justifi-cation	HCFA 1500 Field #	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
		From	To	Length							
104*	Page Number	735	738	4		X	R		47	Designates the incrementing page count and total number of pages for the claim	Use default code 0101
105*	Attending Clinician NPI	739	748	10	X		L	17b Or 32b	76	Identifies attending clinician, who is expected to certify/recertify the medical necessity of the services rendered and/or who has primary responsibility for the patient's medical care and treatment ~ Enter clinician's NPI number ~ Blank fill right	Enter physicians NPI from whichever HCFA 1500 field is appropriate, 17b or 32b
106*	Patient's Home Phone Number	749	760	12	X		L			Patient's Home Phone Number. Do not include a leading 1. Do include area code. No dashes or parenthesis. For patients who do not have a primary phone number please use 1011234567	5555555555 For patients who do not have a primary phone number please use 1011234567
107*	Patient Control Number / ID#	761	780	20	X		L	26	3	Uniquely identifies each patient ~ Blank fill right	
108**	1st Insur Group #	781	797	17	X		L	11	62a	The ID#, control# or code assigned by the insurance carrier or plan administrator to identify the group under which the individual is covered ~ Space fill right ~ Recorded only if corresponding payer ID# is present	
109**	2nd Insur Group #	798	814	17	X		L	9a	62b	Same as above	
110	Filler	815	831	17	X					Blank Fill	
111	Filler	832	841	10	X					Blank Fill	
112	Filler	842	851	10	X					Blank Fill	

* Required Field ** Required if present in the record

Data Element	Description	Position			Alpha-numeric	Numeric Only	Field Justifi-cation	HCFA 1500 Field #	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
		From	To	Length							
113	Filler	852	853	2	X					Blank Fill	
114	Filler	854	858	5	X					Blank Fill	
115	Filler	859	859	1	X					Blank Fill	
116**	9th Other Diagnostic Code	860	867	8	X		L	21 2-4	67	Same as element #13	Same as element #13
117**	10th Other Diagnostic Code	868	875	8	X		L	21 2-4	67	Same as element #13	Same as element #13
118**	11th Other Diagnostic Code	876	883	8	X		L	21 2-4	67	Same as element #13	Same as element #13
119**	12th Other Diagnostic Code	884	891	8	X		L	21 2-4	67	Same as element #13	Same as element #13
120**	13th Other Diagnostic Code	892	899	8	X		L	21 2-4	67	Same as element #13	Same as element #13
121**	14th Other Diagnostic Code	900	907	8	X		L	21 2-4	67	Same as element #13	Same as element #13
122**	15th Other Diagnostic Code	908	915	8	X		L	21 2-4	67	Same as element #13	Same as element #13
123**	16th Other Diagnostic Code	916	923	8	X		L	21 2-4	67	Same as element #13	Same as element #13
124**	17th Other Diagnostic Code	924	931	8	X		L	21 2-4	67	Same as element #13	Same as element #13
125**	18th Other Diagnostic Code	932	939	8	X		L	21 2-4	67	Same as element #13	Same as element #13
126**	19th Other Diagnostic Code	940	947	8	X		L	21 2-4	67	Same as element #13	Same as element #13
127**	20th Other	948	955	8	X		L	21	67	Same as element #13	Same as element #13

* Required Field ** Required if present in the record

Data Element	Description	Position			Alpha-numeric	Numeric Only	Field Justifi-cation	HCFA 1500 Field #	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
		From	To	Length							
	Diagnostic Code							2-4			
128**	21th Other Diagnostic Code	956	963	8	X		L	21 2-4	67	Same as element #13	Same as element #13
129**	22th Other Diagnostic Code	964	971	8	X		L	21 2-4	67	Same as element #13	Same as element #13
130**	23th Other Diagnostic Code	972	979	8	X		L	21 2-4	67	Same as element #13	Same as element #13
131**	24th Other Diagnostic Code	980	987	8	X		L	21 2-4	67	Same as element #13	Same as element #13
132	Filler	988	995	8	X					Blank Fill	
133	Filler	996	1003	8	X					Blank Fill	
134	Filler	1004	1011	8	X					Blank Fill	
135**	6th Other Procedure Code	1012	1025	14	X		L	24D 2-6	74	Same as element #25	
136**	6th Other Procedure Date	1026	1031	6		X		24A 2-6	74	Same as element #26	
137**	7th Other Procedure Code	1032	1045	14	X		L	24D 2-6	74	Same as element #25	
138**	7th Other Procedure Date	1046	1051	6		X		24A 2-6	74	Same as element #26	
139**	8th Other Procedure Code	1052	1065	14	X		L	24D 2-6	74	Same as element #25	
140**	8th Other Procedure Date	1066	1071	6		X		24A 2-6	74	Same as element #26	
141**	9th Other Procedure	1072	1085	14	X		L	24D 2-6	74	Same as element #25	

* Required Field ** Required if present in the record

Data Element	Description	Position			Alpha-numeric	Numeric Only	Field Justifi-cation	HCFA 1500 Field #	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
		From	To	Length							
	Code										
142**	9th Other Procedure Date	1086	1091	6		X		24A 2-6	74	Same as element #26	
143**	10th Other Procedure Code	1092	1105	14	X		L	24D 2-6	74	Same as element #25	
144**	10th Other Procedure Date	1106	1111	6		X		24A 2-6	74	Same as element #26	
145**	11th Other Procedure Code	1112	1125	14	X		L	24D 2-6	74	Same as element #25	
146**	11th Other Procedure Date	1126	1131	6		X		24A 2-6	74	Same as element #26	
147**	12th Other Procedure Code	1132	1145	14	X		L	24D 2-6	74	Same as element #25	
148**	12th Other Procedure Date	1146	1151	6		X		24A 2-6	74	Same as element #26	
149**	13th Other Procedure Code	1152	1165	14	X		L	24D 2-6	74	Same as element #25	
150**	13th Other Procedure Date	1166	1171	6		X		24A 2-6	74	Same as element #26	
151**	14th Other Procedure Code	1172	1185	14	X		L	24D 2-6	74	Same as element #25	
152**	14th Other Procedure Date	1186	1191	6		X		24A 2-6	74	Same as element #26	
153**	15th Other Procedure Code	1192	1205	14	X		L	24D 2-6	74	Same as element #25	

* Required Field ** Required if present in the record

Data Element	Description	Position			Alpha-numeric	Numeric Only	Field Justifi-cation	HCFA 1500 Field #	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
		From	To	Length							
154**	15th Other Procedure Date	1206	1211	6		X		24A 2-6	74	Same as element #26	
155**	16th Other Procedure Code	1212	1225	14	X		L	24D 2-6	74	Same as element #25	
156**	16th Other Procedure Date	1226	1231	6		X		24A 2-6	74	Same as element #26	
157**	17th Other Procedure Code	1232	1245	14	X		L	24D 2-6	74	Same as element #25	
158**	17th Other Procedure Date	1246	1251	6		X		24A 2-6	74	Same as element #26	
159**	18th Other Procedure Code	1252	1265	14	X		L	24D 2-6	74	Same as element #25	
160**	18th Other Procedure Date	1266	1271	6		X		24A 2-6	74	Same as element #26	
161**	19th Other Procedure Code	1272	1285	14	X		L	24D 2-6	74	Same as element #25	
162**	19th Other Procedure Date	1286	1291	6		X		24A 2-6	74	Same as element #26	
163**	20th Other Procedure Code	1292	1305	14	X		L	24D 2-6	74	Same as element #25	
164**	20th Other Procedure Date	1306	1311	6		X		24A 2-6	74	Same as element #26	
165**	21st Other Procedure Code	1312	1325	14	X		L	24D 2-6	74	Same as element #25	
166**	21st Other Procedure	1326	1331	6		X		24A 2-6	74	Same as element #26	

* Required Field ** Required if present in the record

Data Element	Description	Position			Alpha-numeric	Numeric Only	Field Justifi-cation	HCFA 1500 Field #	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
		From	To	Length							
	Date										
167**	22nd Other Procedure Code	1332	1345	14	X		L	24D 2-6	74	Same as element #25	
168**	22nd Other Procedure Date	1346	1351	6		X		24A 2-6	74	Same as element #26	
169**	23rd Other Procedure Code	1352	1365	14	X		L	24D 2-6	74	Same as element #25	
170**	23rd Other Procedure Date	1366	1371	6		X		24A 2-6	74	Same as element #26	
171**	24th Other Procedure Code	1372	1385	14	X		L	24D 2-6	74	Same as element #25	
172**	24th Other Procedure Date	1386	1391	6		X		24A 2-6	74	Same as element #26	
173*	Operating Clinician NPI	1392	1402	11	X		L	17b Or 32b	77	NPI of the individual with the primary responsibility for performing the surgical procedure(s) ~ Enter clinician's NPI number ~ Should be the same NPI as for Attending Clinician ~ Space fill right	
174*	Billing Provider Facility NPI	1403	1417	15	X		L	32a	56	The NPI assigned to the provider submitting the bill. Submit the NPI or NPI subpart on each patient record. ~ Space fill right	
175	Filler	1418	1432	15	X					Blank fill	
176*	Other Provider Identifier	1433	1447	15	X		L	25		Field to be used to submit facility's current **Tax ID #** ~ Space fill right	
177	Filler	1448	1522	75	X					Blank fill	

* Required Field ** Required if present in the record

Data Element	Description	Position			Alpha-numeric	Numeric Only	Field Justifi-cation	HCFA 1500 Field #	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
		From	To	Length							
178*	Statement Covers Period	1523	1534	12		X	R	24A 1-6	6	From and Through dates (beginning and ending dates) of patient care. Discharge date will be derived from the "through date" ~ MMDDYY format ~ Use dates from Dates of Service fields. If only one date exists, use it as both the beginning and ending dates.	
179*	Primary Payer Name	1535	1557	23	X		L	11c	50a	Name of the Primary Payer source for the patient ~ Space fill right	
180**	Secondary Payer Name	1558	1580	23	X		L	9d	50b	Name of the Secondary Payer source for the patient ~ Space fill right	
181	Filler	1581	1603	23	X					Blank Fill	
182	Filler	1604	1606	3	X					Blank Fill	
183*	Race	1607	1608	2	X					2 digit code designating patient's race, reported according to official federal Office of Management and Budget (OMB) categories. ~ Must have one of the two digit code values to the right ~ Classify Latino patients by using a Race code to the right, used in conjunction with the appropriate Ethnicity code below (data element 184)	R1 = American Indian or Alaska Native R2 = Asian R3 = Black or African American R4 = Native Hawaiian or Pacific Islander R5 = White R7 = Patient Refused R9 = Other *No more than 3% of records may contain R9 = Other*

* Required Field ** Required if present in the record

Data Element	Description	Position			Alpha-numeric	Numeric Only	Field Justifi-cation	HCFA 1500 Field #	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
		From	To	Length							
184*	Ethnicity	1609	1610	2	X					2 digit code designating patient's ethnic background, reported according to official OMB categories. ~ Must have one of the two digit code values to the right	E1 = Hispanic or Latino Ethnicity E2 = Non Hispanic or Latino Ethnicity E8 =Patient Refused Guidelines on reporting Race and Ethnicity can be obtained from the OMB at www.whitehouse.gov/omb
185	Filler	1611	1612	2	X					Blank fill	
186	Filler	1613	1614	2	X					Blank fill	
187	Filler	1615	1621	7	X					Blank fill	
188	Filler	1622	1623	2	X					Blank fill	
189	Filler	1624	1629	6	X					Blank fill	
190	Filler	1630	1635	6	X					Blank fill	
191	Filler	1636	1637	2	X					Blank fill	
192	Filler	1638	1639	2	X					Blank fill	
193	Filler	1640	1641	2	X					Blank fill	
194	Filler	1642	1643	2	X					Blank fill	
195	Filler	1644	1649	6	X					Blank fill	
196	Filler	1650	1651	2	X					Blank fill	
197	Filler	1652	1657	6	X					Blank fill	
198	Filler	1658	1659	2	X					Blank fill	
199	Filler	1660	1663	4	X					Blank fill	
200	Filler	1664	1670	7	X					Blank fill	
201	Filler	1671	1677	7	X					Blank fill	
202	Filler	1678	1684	7	X					Blank fill	
203*	1st CPT® / HCPCS Service Line Item	1685	1698	14	X		L	24D1	44	CPT® / HCPCS codes, plus modifiers, if applicable, for **outpatient** services. ~ 5 digit code, plus up to four 2-digit modifiers may be	**CPT® / HCPCS Service Line Items and Dates must also be reported in the Procedure Codes and Dates fields.**

* Required Field ** Required if present in the record

Data Element	Description	Position			Alpha-numeric	Numeric Only	Field Justifi-cation	HCFA 1500 Field #	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
		From	To	Length							
										reported for any service line item. HCPCS modifiers are accepted on CPT codes ~ Must be valid codes/modifiers for discharge date timeframe ~ Space fill right ~ Enter all CPT/HCPCS Line Items that appear on the patient case in the following consecutive fields	**There must be a related Charge for every Service Line Item on the Patient Record.**
204*	1st CPT®/HCPCS Service Date	1699	1704	6		X	R	24A1	45	Service Date for each CPT/HCPCS code reported in the service line item above ~ MMDDYY format ~ Enter all CPT/HCPCS Dates that appear on the patient case in the following consecutive fields.	
205**	2nd CPT®/HCPCS Service Line Item	1705	1718	14	X		L	24D 2-6	44	Same as element #203	
206**	2nd CPT®/HCPCS Service Date	1719	1724	6		X	R	24A 2-6	45	Same as element #204	
207**	3rd CPT®/HCPCS Service Line Item	1725	1738	14	X		L	24D 2-6	44	Same as element #203	
208**	3rd CPT®/HCPCS Service Date	1739	1744	6		X	R	24A 2-6	45	Same as element #204	
209**	4th CPT®/HCPCS Service Line Item	1745	1758	14	X		L	24D 2-6	44	Same as element #203	
210**	4th CPT®/HCPCS Service Date	1759	1764	6		X	R	24A 2-6	45	Same as element #204	
211**	5th CPT®/HCPC	1765	1778	14	X		L	24D	44	Same as element #203	

* Required Field ** Required if present in the record

Data Element	Description	Position			Alpha-numeric	Numeric Only	Field Justifi-cation	HCFA 1500 Field #	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
		From	To	Length							
	S Service Line Item							2-6			
212**	5th CPT®/HCPCS Service Date	1779	1784	6		X	R	24A 2-6	45	Same as element #204	
213**	6th CPT®/HCPCS Service Line Item	1785	1798	14	X		L	24D 2-6	44	Same as element #203	
214**	6th CPT®/HCPCS Service Date	1799	1804	6		X	R	24A 2-6	45	Same as element #204	
215**	7th CPT®/HCPCS Service Line Item	1805	1818	14	X		L	24D 2-6	44	Same as element #203	
216**	7th CPT®/HCPCS Service Date	1819	1824	6		X	R	24A 2-6	45	Same as element #204	
217**	8th CPT®/HCPCS Service Line Item	1825	1838	14	X		L	24D 2-6	44	Same as element #203	
218**	8th CPT®/HCPCS Service Date	1839	1844	6		X	R	24A 2-6	45	Same as element #204	
219**	9th CPT®/HCPCS Service Line Item	1845	1858	14	X		L	24D 2-6	44	Same as element #203	
220**	9th CPT®/HCPCS Service Date	1859	1864	6		X	R	24A 2-6	45	Same as element #204	
221**	10th CPT®/HCPCS Service Line Item	1865	1878	14	X		L	24D 2-6	44	Same as element #203	
222**	10th CPT®/HCPCS Service Date	1879	1884	6		X	R	24A 2-6	45	Same as element #204	
223**	11th CPT®/HCPCS Service Line Item	1885	1898	14	X		L	24D 2-6	44	Same as element #203	
224**	11th CPT®/HCPCS Service Date	1899	1904	6		X	R	24A 2-6	45	Same as element #204	

* Required Field ** Required if present in the record

Data Element	Description	Position			Alpha-numeric	Numeric Only	Field Justifi-cation	HCFA 1500 Field #	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
		From	To	Length							
225**	12th CPT®/HCPCS Service Line Item	1905	1918	14	X		L	24D 2-6	44	Same as element #203	
226**	12th CPT®/HCPCS Service Date	1919	1924	6		X	R	24A 2-6	45	Same as element #204	
227**	13th CPT®/HCPCS Service Line Item	1925	1938	14	X		L	24D 2-6	44	Same as element #203	
228**	13th CPT®/HCPCS Service Date	1939	1944	6		X	R	24A 2-6	45	Same as element #204	
229**	14th CPT®/HCPCS Service Line Item	1945	1958	14	X		L	24D 2-6	44	Same as element #203	
230**	14th CPT®/HCPCS Service Date	1959	1964	6		X	R	24A 2-6	45	Same as element #204	
231**	15th CPT®/HCPCS Service Line Item	1965	1978	14	X		L	24D 2-6	44	Same as element #203	
232**	15th CPT®/HCPCS Service Date	1979	1984	6		X	R	24A 2-6	45	Same as element #204	
233**	16th CPT®/HCPCS Service Line Item	1985	1998	14	X		L	24D 2-6	44	Same as element #203	
234**	16th CPT®/HCPCS Service Date	1999	2004	6		X	R	24A 2-6	45	Same as element #204	
235**	17th CPT®/HCPCS Service Line Item	2005	2018	14	X		L	24D 2-6	44	Same as element #203	
236**	17th CPT®/HCPCS Service Date	2019	2024	6		X	R	24A 2-6	45	Same as element #204	
237**	18th CPT®/HCPCS Service	2025	2038	14	X		L	24D	44	Same as element #203	

* Required Field ** Required if present in the record

Data Element	Description	Position			Alpha-numeric	Numeric Only	Field Justifi-cation	HCFA 1500 Field #	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
		From	To	Length							
	Line Item							2-6			
238**	18th CPT®/HCPCS Service Date	2039	2044	6		X	R	24A 2-6	45	Same as element #204	
239**	19th CPT®/HCPCS Service Line Item	2045	2058	14	X		L	24D 2-6	44	Same as element #203	
240**	19th CPT®/HCPCS Service Date	2059	2064	6		X	R	24A 2-6	45	Same as element #204	
241**	20th CPT®/HCPCS Service Line Item	2065	2078	14	X		L	24D 2-6	44	Same as element #203	
242**	20th CPT®/HCPCS Service Date	2079	2084	6		X	R	24A 2-6	45	Same as element #204	
243**	21st CPT®/HCPCS Service Line Item	2085	2098	14	X		L	24D 2-6	44	Same as element #203	
244**	21st CPT®/HCPCS Service Date	2099	2104	6		X	R	24A 2-6	45	Same as element #204	
245**	22nd CPT®/HCPCS Service Line Item	2105	2118	14	X		L	24D 2-6	44	Same as element #203	
246**	22nd CPT®/HCPCS Service Date	2119	2124	6		X	R	24A 2-6	45	Same as element #204	
248*	Patient's Name (Last Name, First Name, Middle Initial)	2125	2158	34	X		L			Patient's Legal Name represented using Last Name, First Name and Middle Initial. Use a comma to separate each portion of the patient's name	Required for all Outpatient Records
249*	Patient's Home Address (street)	2159	2198	40	X		L			The street address where the patient resides	Required for all Outpatient Records

* Required Field ** Required if present in the record

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Data Element	Description	Position			Alpha-numeric	Numeric Only	Field Justifi-cation	HCFA 1500 Field #	UB Box # (Form Locator)	Definition and Instruction	Reference Charts
		From	To	Length							
250*	Patient's City	2199	2228	30	X		L			The city where the patient resides	Required for all Outpatient Records
251*	Patient's State	2229	2230	2	X		L			The 2 digit state abbreviation of the state where the patient resides	Required for all Outpatient Records
252	Filler	2231	2255	25							
253	Filler	2256	2257	2							
254*	Primary Insured's Member ID Number	2258	2277	20	X		L			The unique number assigned by the health plan to the individual under whose name the Primary insurance benefit is carried. If the patient is self pay, charity or does not currently have insurance please use: 987654321	Required for all Outpatient Records
255*	Medical Health Record Number	2278	2301	24	X		L			The number assigned to the patient's medical / health record by the provider.	Required for all Outpatient Records
254	Filler	2302	2500	199	X		L			Blank Fill	

THERE MUST BE A LINE FEED AFTER POSITION 2500 FOR EVERY RECORD

Note: SINGLE CHARACTER FIELDS SHOULD BE SUBMITTED IN UPPER CASE.

Note: ALL FILLER FIELDS AND UNPOPULATED OPTIONAL FIELDS MUST BE BLANK FILLED.

* Required Field ** Required if present in the record

837 File Format

The following pages contain the outpatient 837 file format layout for submitting data records.

Kentucky IPOP **Outpatient** Data
837 File Format Layout

Segment #	Data Segment / Element Description	837 Loop	Segment ID	Reference Description	837 Data Element	Qualifier	Position	HCFA 1500 Field #	UB04 FL #	837 Manual Page #	Definition and Description	Reference Charts
1*	Production	Header	ISA	ISA15	114	P=Production Data				B.3	Designation of whether the data being sent is for the Production or Test system. **MUST** be the first line of the entire file. Located in the Interchange Control Header. ~ Character information MUST be filled in after each ZZ character or segment will reject. ~ The 1st element separator defines the element separator to be used through the entire record, except for Race/Ethnicity.	Segment Example: ISA*00* *00* *ZZ*363720182 *ZZ*133052274 *061109*1127*U*00401*00 0000887 *1*T*:~ (followed by Functional Group Header Segment)
2*	Facility NPI	2010AA	NM1	NM109	67	NM108 =XX(NPI)	015	32a	56	76 – 78	Identifying NPI # for facility where services are rendered. Name is not to be reported. ~ Enter facility's Master NPI, Subpart NPI ~ Facility Name (NM103) is in this segment, but is not loaded.	Segment Example: NM1*85*2*ABC facility*****XX*999999999~
2B*	Facility Tax ID	2010AA	REF	REF02	127	REF01 = EI (EIN)	035	25		82 - 84	Identifying Tax ID for facility where services are rendered. Name is not to be reported.	Segment Example: REF*EI*999999999~
4**	Primary (1st) Insur Group #	2000B	SBR	SBR03	127	SBR01=P (Primary)	005	11	62A	101-105	The ID#, control #, or code assigned by the insurance carrier or plan administrator to identify the group under which the individual is covered. ~ Recorded only if corresponding payer ID# is present	Segment Example: SBR*P**X123456*BC/BS*****121~
5*	Primary Insured's Member ID Number	**2010BA for destination payer ~ 2330A for non-destination Payer**	NM1	NM109	67	NM108 = MI (Member Identification Number)	325	60a (UB92) 60 Line a (UB04)		394-397	The unique number assigned by the health plan to the individual under whose name the Primary insurance benefit is carried. If the patient is self pay, charity or does not currently have insurance please use: 987654321	

* Required Field ** Required if present in the record

Segment #	Data Segment / Element Description	837 Loop	Segment ID	Reference Description	837 Data Element	Qualifier	Position	HCFA 1500 Field #	UB04 FL #	837 Manual Page #	Definition and Description	Reference Charts
6*	1st Individual Payer Name & ID #	**2010BB**	NM1	NM103 NM109	1035 67	NM101=PR (Payer) NM103=2 (Non-person entity) NM108=PI (Payer Identification)	015	11c ~ 1	50A ~ 51A	123-125	Expected Principal Payment Source – The health plan from which the provider might expect payment for the bill. ~ Enter name of payer designated in HCFA 1500 field 1 boxes, followed by the appropriate code to the right ~ Patient's payer source must be mapped to one of the 5 digit codes to the right ~ Appropriate name and code must also be used for Self Pay and Charity patients Segment Example: NM1*PR*2*MEDICARE*****PI*98910~	Payer Mapping Codes 98910 = Medicare (Excl. Managed Care) 98911 = Black Lung 98912 = Charity – defined according to the facility policy at time of discharge 98913 = Hill Burton Free Care 98914 = Tricare (Champus) 98915 = ChampVA 98916 = In State Medicaid 98917 = Out of State Medicaid 98918 = Self Pay 98921 = Commercial – Indemnity 98922 = Commercial – HMO 98923 = Commercial – PPO 98924 = Commercial - Other 98930 = Other Self Administered Plan 98940 = Passport Medicaid Mgd. Care 98945 = Medicare Managed Care 98950 = Workers Compensation 98960 = ~~Blue Cross Blue Shield~~ **Anthem Health Plans of KY PPO Plan** 00000 = Other 98970 = Aetna Better Health of Kentucky formerly Coventry Care of Kentucky effective date 2/1/16 98980 = WellCare of Kentucky 98990 = Kentucky Spirit

* Required Field ** Required if present in the record

Kentucky IPOP **Outpatient** Data
837 File Format Layout

Segment #	Data Segment / Element Description	837 Loop	Segment ID	Reference Description	837 Data Element	Qualifier	Position	HCFA 1500 Field #	UB04 FL #	837 Manual Page #	Definition and Description	Reference Charts
												Health Plan End Date 1/1/2015
												98925 = VA
												98926 = Auto Insurance
												98927 = Other Facility
												98928 = Pending Insurance
												98929 = Humana Medicaid Managed Care
												98991 =BCBS Medicaid Managed Care
												98992 =Wellcare Health Commercial Plan (effective 01/01/2015)
												98993 =Care Source KY Commercial Plan (effective 01/01/2015)
												98994 =Kentucky Health Cooperative Health
												98901 Aetna Health Commercial HMO Plan
												98902 Aetna Health Commercial PPO Plan
												98903 Humana Commercial POS Plan
												98904 Humana Commercial HMO Plan
												98905 Humana Commercial PPO Plan
												98906 Anthem Health Plans of KY POS Plan
												98907 Anthem Health Plans of KY Fee-For-Service Plan
												98908 Anthem Health Plans of KY HMO

* Required Field ** Required if present in the record

Segment #	Data Segment / Element Description	837 Loop	Segment ID	Reference Description	837 Data Element	Qualifier	Position	HCFA 1500 Field #	UB04 FL #	837 Manual Page #	Definition and Description	Reference Charts

	Plan
98931	**United Healthcare Commercial POS Plan**
98932	**United Healthcare Commercial Fee-For-Service Plan**
98933	**United Healthcare Commercial PPO Plan**
98934	**United Healthcare of KY Commercial POS Plan**
98935	**United Healthcare of KY Commercial HMO Plan**
98936	**United Healthcare of Ohio Commercial POS Plan**
98937	**Cigna Health & Life Fee-For-Service Commercial Plan**
98938	**Cigna Health & Life Commercial PPO Plan**
98939	**Nippon Life Insurance Company of America**
98941	**CareSource Kentucky HMO Plan**
98942	**Wellcare Health Plans of KY HMO Plan**
98943	**Pending MCO Ins**

No more than 1% of records may contain 00000.

* Required Field ** Required if present in the record

Segment #	Data Segment / Element Description	837 Loop	Segment ID	Reference Description	837 Data Element	Qualifier	Position	HCFA 1500 Field #	UB04 FL #	837 Manual Page #	Definition and Description	Reference Charts
7*	Patient's Name (Last name, First name and Middle Initial)	2010BA if Patient is the Insured ~ 2010CA for all other situations	NM1	NM103 NM104 NM105 NM107	1035 1036 1037 1039		015		12 (UB92), 8 Subfield b (UB04)	142-144	Patient's legal name represented using Last Name, First Name, and Middle Initial. ~ Instructions same as for name in segment #5	
8*	Patient Street Address	2010BA if Patient is the Insured ~ 2010CA for all other situations	N3	N301 N302	166 166		025		**13 (UB92), 9 Subfield A (UB04)**	145	The street address where the patient resides	
9*	Patient City / State	2010BA if Patient is the Insured ~ 2010CA for all other situations	N4	N401 N402	19 156		030		13 (UB92), 9 Subfield b& c (UB04)	146-147	The city and state where the patient resides	
10*	Patient Zip Code	2010BA if Patient is the Insured	N4	N403	116		030	5	9	146-147	Zip Code of patient's residence ~ Unknown = 00000 Foreign = 99999 ~ Enter only the zip code from the	Segment Example: N4***KY*40253~

* Required Field ** Required if present in the record

Segment #	Data Segment / Element Description	837 Loop	Segment ID	Reference Description	837 Data Element	Qualifier	Position	HCFA 1500 Field #	UB04 FL #	837 Manual Page #	Definition and Description	Reference Charts
		~ 2010CA for all other situations									~ Patient's Address field, not the entire address. *No more than 1% of records may contain 00000 or 99999*	
11*	Patient DOB ~ Gender ~ Race ~ Ethnicity ~ Patient's Home Phone Number	2010BA if Patient is the Insured ~ 2010CA for all other situations	DMG	DMG02 DMG05 DMG11	1251 1109	DMG01 (1250)=D8 (Date) DMG03 (1068) =F,M,U (Gender)	032	3	10 11	148-149	~ **Date of Birth** is reported in CCYYMMDD Format ~ DOB must occur prior to or on same date as discharge ~ Patient must be 124 years old or less ~ Edited to check patient's age vs. logic of diagnoses and procedures ***RET must be repeated once for Race and once for Ethnicity** **RET Format is RR:EE** **Race Coding** 2 digit code designating patient's race, reported according to official OMB categories ~ Must have one of the two digit code values to the right **Ethnicity Coding** 2 digit code designating patient's ethnicity, reported according to official OMB categories. ~ Must have one of the two digit	**Gender Coding** M =Male F = Female U = Unknown R1 =American Indian or Alaska Native R2 = Asian R3 = Black or African American R4 = Native Hawaiian or Pacific Islander R5 = White R7 = Patient Refused R9 = Other *No more than 3% of records may contain R9 = Other* E1 = Hispanic or

* Required Field ** Required if present in the record

Segment #	Data Segment / Element Description	837 Loop	Segment ID	Reference Description	837 Data Element	Qualifier	Position	HCFA 1500 Field #	UB04 FL #	837 Manual Page #	Definition and Description	Reference Charts
											code values to the right. Guidelines on reporting Race and Ethnicity can be obtained from the OMB at www.whitehouse.gov/omb Patient's Home Phone Number. Do not include a leading 1. Do include area code. No dashes or parenthesis. For patients who do not have a primary phone number please use 1011234567	Latino Ethnicity E2 = Non Hispanic or Latino Ethnicity E8 = Patient Refused Segment Example: DMG*D8*19300708*F**R9:E2~ 5555555555 For patients who do not have a primary phone number please use 1011234567
12*	**Patient Control Number / ID# *** ~ Total Charge for Case * ~ Bill Type *	2300	CLM	CLM01 CLM02 ~ CLM05 1-3 ~ ~ ~ CLM11	1028 782 ~ 1331 1332 1325 ~ C024	CLM05-2=A (Freq Type / Bill Type)	130	26 ~ 28 ~ ~ 10b	3A ~ 47 ~ ~ 4	154-159	**Patient ID** is a facility assigned # that uniquely identifies each patient **Total Charges** for the entire patient claim ~ Report only the total charges for the patient case. Total charges will only be abstracted from this field. Case will reject if Total Charge is not reported in this field. ~ The sum of all charges must be positive **Bill Type** is a 3 digit code indicating if bill is Outpatient. **Submit final bills only. No interim bills accepted**. CLM05 Qualifier of a designates the	831 Special facility or ASC surgery; freestanding; Admit through discharge

* Required Field ** Required if present in the record

Segment #	Data Segment / Element Description	837 Loop	Segment ID	Reference Description	837 Data Element	Qualifier	Position	HCFA 1500 Field #	UB04 FL #	837 Manual Page #	Definition and Description	Reference Charts
											Frequency Type portion of the Bill Type code. Example: Bill Type 831 = 83:A:1	
13*	Statement Covers Period (Dates of Service)	2300	DTP	DTP03	1251	DTP01 (374) = 434 (statement) DTP02 (1250)=RD8 (Date Range)	135	24A 1-6	6	162-163	From and Through dates (beginning and ending) dates of patient care. Discharge date will be derived from the "through date" ~ CCYYMMDD -CCYYMMDD format ~ Use dates from Dates of Service fields. If only one date exists, use it as both the beginning and ending dates.	Segment Example: DTP*434*RD8*20061003-20061018~
14**	Admission Date (Date of Service)	2300	DTP	DTP03	1251	DTP01 (374)=435 (statement) DTP02 (1250)-DT (Date/Time)	135	24A1	12	164-165	**Date of admission** as outpatient ~ CCYYMMDDHHMM format ~ No hyphens or slashes ~ Admission date cannot precede birth date or 1993 ~ Discharge date cannot precede admission date ~ Use beginning date from Dates of Service field	Segment Example: DTP*435*DT*200610030237~
15*	Medical Health Record Number	2300	REF	REF02	127	REF01=EA (Medical Record Number)	180		23 (UB92) 3b (UB04)	195-196	The number assigned to the patient's medical / health record by the provider.	

* Required Field ** Required if present in the record

Segment #	Data Segment / Element Description	837 Loop	Segment ID	Reference Description	837 Data Element	Qualifier	Position	HCFA 1500 Field #	UB04 FL #	837 Manual Page #	Definition and Description	Reference Charts
17*	Principal Diagnosis	2300	HI	HI01-2	CO22	HI01-1=BK BK = ICD-9 ABK = ICD-10	231	21-1	67	234-236	**Principal Diagnosis** must be valid ICD-9-CM code established after admission as the primary reason for outpatient care necessity **As of 10/1/2015 must be a valid ICD-10-CM code established after admission as the primary reason for outpatient care necessity** ~ Must be consistent with patient's age and gender ~ No decimals	Segment Example: Outpatient: HI*BK:78659*ZZ:78650~
18**	Other Diagnoses	2300	HI	HI0x-2	C022	HI0x-1=BF BF = ICD-9 ABF = ICD-10 (Other Dx)	231	21 2-4	67 A-Q	239-248	Additional conditions that exist at time of admission, or develop during facility stay, and have effect on the treatment provided or the length of stay ~ Up to 24 Other Diagnoses are accepted. If more exists, include only those that affect the patient's treatment or length of stay. Avoid symptom codes. ~ Must be consistent with patient's age and gender	Repeat data segment /loop as many times as necessary to complete all diagnoses, up to a total of 24 secondary diagnoses Segment Example: HI*BF:99883*BF:42731*BF:2761*BF:V433*BF:41400*BF:4019*BF:2449*BF:28529~

* Required Field ** Required if present in the record

Segment #	Data Segment / Element Description	837 Loop	Segment ID	Reference Description	837 Data Element	Qualifier	Position	HCFA 1500 Field #	UB04 FL #	837 Manual Page #	Definition and Description	Reference Charts
											~ No decimals	
19**	**1st Position Procedure Code and Date**						231	24D1 ~ 24A	74	249-250		**No longer required with 5010 file format**
20**	**Other Procedure Codes and Dates**							24A 2-6 ~ 24A	74 A-E	251-262		**No longer required with 5010 file format**
27*	Attending Clinician NPI	2310A	NM1	NM109	67		250	17b or 32b	76	328-330	Identifies attending clinician, who is expected to certify and recertify the medical necessity of the services rendered and/or who has primary responsibility for the patient's medical care and treatment. ~ Enter physicians NPI from whichever HCFA 1500 field is appropriate, 17b or 32b	Segment Example: NM1*71*1******0B:036105759~

* Required Field ** Required if present in the record

Segment #	Data Segment / Element Description	837 Loop	Segment ID	Reference Description	837 Data Element	Qualifier	Position	HCFA 1500 Field #	UB04 FL #	837 Manual Page #	Definition and Description	Reference Charts
29*	Operating Clinician NPI	2310B	NM1	NM109	67		250	17b or 32b	77	335-337	ID # of the individual with the primary responsibility for performing the surgical procedure(s). ~ Enter physician's NPI from whichever HCFA 1500 field is appropriate, 17b or 32b ~ Most likely is the same as the Attending Clinician. NPI must be entered in both fields	Segment Example: NM1*72*1*****0B:036089268~
30**	2nd Insurance Group #	2320	SBR	SBR03	127	SBR01=S (Secondary)	290	9a	62B	353-358	Same instructions as segment #4 Located in Other Subscriber Information Segment	Segment Example: SBR*S*18*NONE*MEDICARE****98910~
32**	2nd Individual Payer Name	2330B	NM1	NM103 NM109	1035 67	NM101=PR (Payer) NM102 (1065)=2	325	9d	50B	404-405	Expected Secondary Payment Source ~ Same instructions as for data segment #6	Segment Example: NM1*PR*2*MEDICARE****98910~
34*	Units of Service ~ HCPCS Service Line Item and Modifier ~ Total Charges Per CPT®/HCPCS Code	2400	SV2	SV201 SV202-2-6 SV203 SV205	234 C003 782 355 380	SV202-1=HC (CPT / HCPCS Code List) ~ SV204 (355) = DA (Days) or = UN (units)	375	24G ~ 24D 1-6 ~ 24F 1-6	44 ~ 46 ~ ~ 47	435-440	**Units of Service** is a quantitative measurement of services rendered per procedure or charge **CPT/HCPCS Service Line Item** codes plus modifiers, if applicable. ~ 5 digit code, plus up to four 2-digit modifiers may be reported for any service line item. HCPCS modifiers are accepted on CPT®codes. ~ **First line item and charge are Required. All others are When Available.**	Repeat segment for units, and line items as many times as is necessary to complete all charges. Must be valid code/modifiers for discharge date timeframe Segment Example: LX*3~ SV2*0214*363.90*DA*3~ LX*4~

* Required Field ** Required if present in the record

Segment #	Data Segment / Element Description	837 Loop	Segment ID	Reference Description	837 Data Element	Qualifier	Position	HCFA 1500 Field #	UB04 FL #	837 Manual Page #	Definition and Description	Reference Charts
											~ **CPT®/HCPCS Service Line Items and Dates** must also be reported in the Procedure Codes and Date fields. **Total Charges** for each CPT®/HCPCS code ~ At least one charge is required for every patient case ~ Enter all charges that appear on the patient case ~ The sum of all charges must = the total charges for the case **There must be a related Charge for every Service Line Item on the patient record**.	SV2*0250**1337.90*UN*242~
35*	CPT®/HCPCS Service Date	2400	DTP	DTP03	1251	DTP02=D8 (Date)	455	24A 2-6	45	445-446	Service Date for each CPT®/HCPCS code reported in data segment #34 ~ CCYYMMDD format ~ Repeat service date segment as many times as necessary to provide a date for each associated CPT®/HCPCS service line item listed in element	Segment Example: LX*1 SV2*0250**18.7*UN*2~ **DTP*472*D8*20061102~** LX*2~ SV2*0270**93*UN*3~ **DTP*472*D8*20061102~**

* Required Field ** Required if present in the record

Appendix A - Zoned Decimal Representation

Flat file layouts use a zoned decimal in charge fields. This method of programming allows the use of the same amount of space for a positive or negative number. The table below illustrates the characters used in the last space in the field to designate a specific number as either a positive or a negative for the field:

Zoned Decimal Character	Numeric Value
A	1
B	2
C	3
D	4
E	5
F	6
G	7
H	8
I	9
{	0
J	-1
K	-2
L	-3
M	-4
N	-5
O	-6
P	-7
Q	-8
R	-9
}	-0

One of these characters would appear as the last digit of the charge field. Zoned decimals last digit indicates both the digit and the sign.

Record Edits

Each record submitted is screened for proper format and content. Details on the edits and cross edits performed are included so you may tailor your own system to perform these edits prior to submission, thereby reducing the number of records rejected. In certain cases, an entire batch can be rejected. The following pages contain a detail list of record edits.

Field Name	KY Edit #	Validation Intent/Logic	Message to End-User
ADAT	**4200**	Admission Date is after current date. Mark ADAT invalid if occurs after current date.	Admission Date cannot occur after current date.
ADAT	**5010**	Admission Date must be equal to Birth Date when Principal Diagnosis is V30-V37 with a fourth digit of "0". Mark ADAT invalid if Newborn has Admission Date prior to Date of Birth.	Admission Date must be equal to Birth Date when Principal Diagnosis is V30-V37 with a fifth digit of "0".
ADAT	**5020**	Admission Date and Date of Birth do not coincide with DXP. Mark ADAT to match Iowa's edit.	Admission Date can be no more than two days after Birth Date when Principal Diagnosis is V30-V37 with a fifth digit of "1".
ADAT	**5050**	Admission Date cannot occur before Discharge Date. Mark ADAT invalid if DDAT is before ADAT.	Discharge Date cannot occur before Admission Date.
ADMH	**2130**	Admission Hour is not valid. Mark ADMH invalid if populated with anything; needs to be an hour of the day (e.g. 01, 02, 03…..23).	Admit hour must be two-digit hour of the day (00 to 23).
ADMS	**1060**	Source of Admission NULL. Mark ADMS invalid if NULL.	Source of Admission is a required field.
ADMS	**3050**	Source of Admission not valid. Mark ADMS invalid if does not match lookup table.	Source of Admission does not correspond to accepted values.
ADMS	**5190**	Source of Admission not valid for Type of Admission (newborn). Mark ADMS invalid if does not match lookup table. DATE SENSITIVE EDIT.	Source of Admission is inconsistent with Type of Admission 4 (newborn).
ADMT	**1070**	Type of Admission NULL. Mark ADMT invalid if NULL.	Type of Admission is a required field.
ADMT	**3060**	Type of Admission not valid. Mark ADMT invalid if does not match lookup table.	Type of Admission does not correspond to accepted values.
ADMT	**5200**	Type of Admission not consistent with Principal Diagnosis. Mark ADMT to match Iowa's edit.	Principal Diagnosis of V3x with a fifth digit of 0 requires Type of Admission to be 4 (newborn).
BDAT	**1010**	Date of Birth NULL. Mark BDAT invalid if NULL.	Date of Birth is a required field.
BDAT	**2010**	Date of Birth not a valid date. Mark BDAT invalid if not a valid date.	Date of Birth does not correspond to a valid date (mmddyyyy).
BDAT	**4040**	Date of Birth exceeds human lifespan. Mark BDAT invalid if age exceeds lifespan of 120 years.	Date of Birth exceeds human lifespan of 120 years.
BDAT	**5070**	Date of Birth must be less than or equal to the Admission Date. Mark BDAT invalid if Date of Birth is before Admission Date.	Date of Birth must be less than or equal to the Admission Date.

Field Name	KY Edit #	Validation Intent/Logic	Message to End-User
BILLTYPE	**1160**	BILLTYPE is a required field. Mark BILLTYPE invalid if NULL. (Default record to outpatient)	Type of Bill is a required field.
BILLTYPE	**3180**	Type of Bill not valid.	Type of Bill does not correspond to accepted values.
BLANK	**6020**	Used by Create New Record page to mark new created manually.	Patient record is blank.
BWCODE	**3420**	Birth Weight Value Code is invalid. Mark BWVALUE invalid if ADMT = 4 AND not equal to 54.	Newborn Birth Weight Value Code is invalid.
BWCODE	**4220**	Birth Weight Value Code is NULL on required records. Mark BWVALUE invalid if NULL AND ADMT = 4. Inpatient?	Newborn Birth Weight Value Code is required if Inpatient and Admission Type = 4 (NB).
BWCODE	**4221**	Birth Weight Code is not required on this patient. Mark BWCODE invalid if ADMT is anything EXCEPT 4 (NB) and BWCODE is populated.	Newborn Birth Weight Value Code cannot be specified unless Inpatient and Admission Type = 4 (NB).
BWGRAMS	**2150**	Birth Weight Grams is not numeric. Mark BWGRAMS invalid if not numeric.	Newborn Birth Weight must be numeric.
BWGRAMS	**4140**	Birth Weight Grams NULL on required records. Mark BWGRAMS invalid if NULL for inpatients with ADMT = 4 (NB).	Newborn Birth Weight is required if Inpatient and Admission Type = 4 (NB).
BWGRAMS	**4150**	Birth Weight Grams is not required on this patient. Mark BWGRAMS invalid if ADMT is anything EXCEPT 4 (NB) and BWGRAMS is populated.	Newborn Birth Weight cannot be specified unless Inpatient and Admission Type = 4 (NB).
BWGRAMS	**4230**	Birth Weight Grams invalid for this DXP/DX. Mark BWGRAMS invalid if does not match range of weights for 5th digit. See separate definition.	Newborn Birth Weight does not match diagnosis code range.
CITY	**4263**	Patient's City is required if meets criteria for KBSR submission. Mark CITY invalid if NULL.	Patient's City is required for KBSR reporting.
DX	**1260**	Additional Diagnosis is NULL. Mark DX invalid if NULL.	Additional Diagnosis is a required field.
DX	**3230**	Additional Diagnosis not valid. Mark DX invalid if does not match lookup table.	Additional Diagnosis does not correspond to accepted values.
DX	**4080**	Additional Diagnosis does not match lookup table. Mark DX invalid.	Additional Diagnosis contains a valid diagnosis code, but not a valid additional diagnosis code.
DX	**5120**	Principal Diagnosis Has A Duplicate Additional Diagnosis code. Mark DX if code in DXP is repeated in DX.	Duplicates of the Principal Diagnosis code are not permitted in Additional Diagnosis.
DX	**5130**	Additional Diagnosis of V27 must have a corresponding Principal Diagnosis of 650, or 640-676 with a 5th digit of 1 or 2. Mark DX invalid to match Iowa's edit.	Additional Diagnosis of V27 must have a corresponding Principal Diagnosis of 650, or 640-676 with a 5th digit of 1 or 2.

Field Name	KY Edit #	Validation Intent/Logic	Message to End-User
DX	**5140**	Principal Diagnosis code 650 should not appear with Additional Diagnosis codes 640-676. Mark DX invalid to match Iowa's edit.	Principal Diagnosis code 650 should not appear with Additional Diagnosis codes 640-676.
DX	**5260**	Sex and Additional Diagnosis do not correspond. Mark DX invalid if sex and code do not match lookup table.	Additional Diagnosis is gender-specific and does not match the Sex specified.
DX	**5280**	Additional Diagnosis of 640-676 with Principal Diagnosis of 640-676 requires the fifth digit of both to be paired as 0:0, 3:3, 4:4, or a combination of 1 and 2. Mark DX invalid to match Iowa's edit.	Additional Diagnosis of 640-676 with Principal Diagnosis of 640-676 requires the fifth digit of both to be paired as 0:0, 3:3, 4:4, or a combination of 1 and 2.
DX	**5310**	Duplicate Additional Diagnosis codes are not permitted. Mark DX invalid to match Iowa's edit. Mark Additional Diagnoses (words on edit screen) invalid if no DXP or DX match KBSR flagged diagnoses.	Duplicate Additional Diagnosis codes are not permitted.
DX	**5412**	Age 15 and up admit dx for adults only. Mark DX invalid if does not match Adult age requirement in lookup table.	Additional Diagnosis is adult-specific and does not agree with this patient's age.
DX	**5422**	Age > 0 and admit dx for infants only. Mark DX invalid if does not match Newborn age requirement in lookup table.	Additional Diagnosis is newborn-specific and does not agree with this patient's age.
DX	**5432**	Age 0 - 17 and admit dx for children only. Mark DX invalid if does not match Pediatric age requirement in lookup table.	Additional Diagnosis is pediatric-specific and does not agree with this patient's age.
DX	**5442**	Age # 12-55 admits dx for women of childbearing years. Mark DX invalid if does not match Maternity age requirement in lookup table.	Additional Diagnosis is maternity-specific and does not agree with this patient's age.
DX_POA	**1414**		Present on Admission code cannot be submitted for this diagnosis as your facility is POA exempt.
DX_POA	**3364**	Present on Admission code not valid on this type of patient. Mark DXPPOA invalid if PTTYPE = 2.	Present on Admission code is valid for inpatients only.
DX_POA	**3374**	Present on Admission code required for this type of patient. Mark DXPPOA invalid if NULL and PTTYPE = 1.	Present on Admission code is required for inpatients with this diagnosis.
DX_POA	**3384**	Present on Admission code present on POA exempt code. Mark DXPPOA invalid if present on POA exempt diagnosis.	Present on Admission code is not permitted on POA-exempt diagnoses codes. Acceptable values are either 1 or blank.

Field Name	KY Edit #	Validation Intent/Logic	Message to End-User
DX_POA	**3394**	Present on Admission code invalid. Mark DXPPOA as invalid if does not match lookup table. POA of "1" is considered blank.	Present on Admission code does not correspond to accepted values for this diagnosis.
DXA	**1100**	Admitting Diagnosis is NULL. Mark DXA invalid if inpatient and NULL.	Admitting Diagnosis is a required field.
DXA	**3080**	Admitting Diagnosis not valid. Mark DXA invalid if Diagnosis Version and code do not match lookup table.	Admitting Diagnosis does not correspond to accepted values.
DXA	**5250**	Sex and Admitting Diagnosis do not correspond. Mark DXA invalid if code if sex and code do not match in lookup table.	Admitting Diagnosis is gender-specific and does not match the Sex specified.
DXA	**5411**	Age 15 and up admit dx for adults only. Mark DXA invalid if does not match Adult age requirement in lookup table.	Admitting Diagnosis is adult-specific and does not agree with this patient's age.
DXA	**5421**	Age > 0 and admit dx for infants only. Mark DXA invalid if does not match Newborn age requirement in lookup table.	Admitting Diagnosis is newborn-specific and does not agree with this patient's age.
DXA	**5431**	Age 0 - 17 and admit dx for children only. Mark DXA invalid if does not match Pediatric age requirement in lookup table.	Admitting Diagnosis is pediatric-specific and does not agree with this patient's age.
DXA	**5441**	Age # 12-55 admits dx for women of childbearing years. Mark DXA invalid if does not match Maternity age requirement in lookup table.	Admitting Diagnosis is maternity-specific and does not agree with this patient's age.
DXE1	**3340**	Same as IA 3090: External Cause of Injury does not correspond to accepted values. Mark DXE invalid if does not match lookup table.	External Cause of Injury does not correspond to accepted values.
DXE1	**5254**	Sex and ECODE do not correspond.	External Cause of Injury is gender-specific and does not match the Sex specified.
DXE1	**5416**	Ages 15 and up admit dx for adults only.	External Cause of Injury is adult-specific and does not agree with this patient's age.
DXE1	**5426**	Age > 0 and admit dx for infants only.	External Cause of Injury is newborn-specific and does not agree with this patient's age.
DXE1	**5436**	Age 0 - 17 and admit dx for children only.	External Cause of Injury is pediatric-specific and does not agree with this patient's age.
DXE1	**5446**	Age # 12-55 admits dx for women of childbearing years.	External Cause of Injury is maternity-specific and does not agree with this patient's age.

Field Name	KY Edit #	Validation Intent/Logic	Message to End-User
DXE1_POA	**1411**		Present on Admission code cannot be submitted for this diagnosis as your facility is POA exempt.
DXE1_POA	**3361**	Present on Admission code not valid on this type of patient. Mark DXPPOA invalid if PTTYPE = 2.	Present on Admission code is valid for inpatients only.
DXE1_POA	**3371**	Present on Admission code required for this type of patient. Mark DXPPOA invalid if NULL and PTTYPE = 1.	Present on Admission code is required for inpatients with this diagnosis.
DXE1_POA	**3381**	Present on Admission code present on POA exempt code. Mark DXPPOA invalid if present on POA exempt diagnosis.	Present on Admission code is not permitted on POA-exempt diagnoses codes. Acceptable values are either 1 or blank.
DXE1_POA	**3391**	Present on Admission code invalid. Mark DXPPOA as invalid if does not match lookup table. POA of "1" is considered blank.	Present on Admission code does not correspond to accepted values for this diagnosis.
DXE2	**3341**	Same as IA 3090: External Cause of Injury does not correspond to accepted values. Mark DXE invalid if does not match lookup table.	External Cause of Injury does not correspond to accepted values.
DXE2	**5255**	Sex and ECODE do not correspond.	External Cause of Injury is gender-specific and does not match the Sex specified.
DXE2	**5417**	Ages 15 and up admit dx for adults only.	External Cause of Injury is adult-specific and does not agree with this patient's age.
DXE2	**5427**	Age > 0 and admit dx for infants only.	External Cause of Injury is newborn-specific and does not agree with this patient's age.
DXE2	**5437**	Age 0 - 17 and admit dx for children only.	External Cause of Injury is pediatric-specific and does not agree with this patient's age.
DXE2	**5447**	Age # 12-55 admits dx for women of childbearing years.	External Cause of Injury is maternity-specific and does not agree with this patient's age.
DXE2_POA	**1412**		Present on Admission code cannot be submitted for this diagnosis as your facility is POA exempt.
DXE2_POA	**3362**	Present on Admission code not valid on this type of patient. Mark DXPPOA invalid if PTTYPE = 2.	Present on Admission code is valid for inpatients only.
DXE2_POA	**3372**	Present on Admission code required for this type of patient. Mark DXPPOA invalid if NULL and PTTYPE = 1.	Present on Admission code is required for inpatients with this diagnosis.
DXE2_POA	**3382**	Present on Admission code present on POA exempt code. Mark DXPPOA invalid if present on POA exempt diagnosis.	Present on Admission code is not permitted on POA-exempt diagnoses codes. Acceptable values are either 1 or blank.

Field Name	KY Edit #	Validation Intent/Logic	Message to End-User
DXE2_POA	**3392**	Present on Admission code invalid. Mark DXPPOA as invalid if does not match lookup table. POA of "1" is considered blank.	Present on Admission code does not correspond to accepted values for this diagnosis.
DXE3	**3342**	Same as IA 3090: External Cause of Injury does not correspond to accepted values. Mark DXE invalid if does not match lookup table.	External Cause of Injury does not correspond to accepted values.
DXE3	**5256**	Sex and ECODE do not correspond.	External Cause of Injury is gender-specific and does not match the Sex specified.
DXE3	**5418**	Ages 15 and up admit dx for adults only.	External Cause of Injury is adult-specific and does not agree with this patient's age.
DXE3	**5428**	Age > 0 and admit dx for infants only.	External Cause of Injury is newborn-specific and does not agree with this patient's age.
DXE3	**5438**	Age 0 - 17 and admit dx for children only.	External Cause of Injury is pediatric-specific and does not agree with this patient's age.
DXE3	**5448**	Age # 12-55 admits dx for women of childbearing years.	External Cause of Injury is maternity-specific and does not agree with this patient's age.
DXE3_POA	**1413**		Present on Admission code cannot be submitted for this diagnosis as your facility is POA exempt.
DXE3_POA	**3363**	Present on Admission code not valid on this type of patient. Mark DXPPOA invalid if PTTYPE = 2.	Present on Admission code is valid for inpatients only.
DXE3_POA	**3373**	Present on Admission code required for this type of patient. Mark DXPPOA invalid if NULL and PTTYPE = 1.	Present on Admission code is required for inpatients with this diagnosis.
DXE3_POA	**3383**	Present on Admission code present on POA exempt code. Mark DXPPOA invalid if present on POA exempt diagnosis.	Present on Admission code is not permitted on POA-exempt diagnoses codes. Acceptable values are either 1 or blank.
DXE3_POA	**3393**	Present on Admission code invalid. Mark DXPPOA as invalid if does not match lookup table. POA of "1" is considered blank.	Present on Admission code does not correspond to accepted values for this diagnosis.
DXP	**1090**	Principal Diagnosis NULL. Mark DXP if NULL.	Principal Diagnosis is a required field.
DXP	**3070**	Principal Diagnosis not valid. Mark DXP invalid if Diagnosis Version and code do not match lookup table.	Principal Diagnosis does not correspond to accepted values.
DXP	**5240**	Sex and Primary Diagnosis do not correspond. Mark DXP if sex and code do not agree with lookup table.	Principal Diagnosis is gender-specific and does not match the Sex specified.

Field Name	KY Edit #	Validation Intent/Logic	Message to End-User
DXP	**5410**	Age 15 and up admit dx for adults only. Mark DXP invalid if does not match Adult age requirement in lookup table.	Principal Diagnosis is adult-specific and does not agree with this patient's age.
DXP	**5420**	Age > 0 and admit dx for infants only. Mark DXP invalid if does not match Newborn age requirement in lookup table.	Principal Diagnosis is newborn-specific and does not agree with this patient's age.
DXP	**5430**	Age 0 - 17 and admit dx for children only. Mark DXP invalid if does not match Pediatric age requirement in lookup table.	Principal Diagnosis is pediatric-specific and does not agree with this patient's age.
DXP	**5440**	Age # 12-55 admits dx for women of childbearing years. Mark DXP invalid if does not match Maternity age requirement in lookup table.	Principal Diagnosis is maternity-specific and does not agree with this patient's age.
DXP	**5530**	Principal dx of 650 inconsistent with C-section proc code. Mark DXP invalid if PRP = 650 and PRP or PR have code = 740-7499.	Principal Diagnosis of 650 is inconsistent with C-section procedure code.
DXP	**5400**	Principal diagnosis does not contain a valid principal dx code. Mark DXP invalid if lookup does not match valid principal diagnosis criteria.	Principal Diagnosis does not contain a valid Principal Diagnosis code.
DXP_POA	**1410**		Present on Admission code cannot be submitted for this diagnosis as your facility is POA exempt.
DXP_POA	**3360**	Present on Admission code not valid on this type of patient. Mark DXPPOA invalid if PTTYPE = 2.	Present on Admission code is valid for inpatients only.
DXP_POA	**3370**	Present on Admission code required for this type of patient. Mark DXPPOA invalid if NULL and PTTYPE = 1.	Present on Admission code is required for inpatients with this diagnosis.
DXP_POA	**3380**	Present on Admission code present on POA exempt code. Mark DXPPOA invalid if present on POA exempt diagnosis.	Present on Admission code is not permitted on POA-exempt diagnoses codes. Acceptable values are either 1 or blank.
DXP_POA	**3390**	Present on Admission code invalid. Mark DXPPOA as invalid if does not match lookup table.	Present on Admission code does not correspond to accepted values for this diagnosis.
ETHNICITY	**1330**	Ethnicity is a required field. Mark ETHNICITY if NULL.	Ethnicity is a required field.
ETHNICITY	**3260**	Ethnicity not valid. Mark ETHNICITY if does not match lookup.	Ethnicity does not correspond to accepted values.
HCPCSRATE	**3220**	HCPCS/CPT not valid. Mark HCPCSRATE invalid if does not match lookup table.	CPT/HCPCS does not correspond to accepted values.

Field Name	KY Edit #	Validation Intent/Logic	Message to End-User
HCPCSRATE	**3222**	Invalid HCPCS/CPT Modifier. Mark HCPCSRATE invalid if modifier does not match lookup table. Iowa looks at 2 two-digit modifiers. Kentucky needs up to 4 two-digit modifiers checked if populated. Modify Edit #3222 to check for the 4 two-digit modifier codes.	CPT/HCPCS modifier does not correspond to accepted values.
HCPCSRATE	**5330**	HCPCS/CPT code is gender specific and does not match the Sex specified. Mark HCPCSRATE invalid if sex does not match lookup table.	CPT/HCPCS code is gender-specific and does not match the Sex specified.
INSUREDID	**4267**	Primary Insured's Unique ID is required if meets criteria for KBSR submission. Mark INSUREDID invalid if NULL.	Primary Insured's Unique ID is required for KBSR reporting.
MRN	**4264**	Medical Health Record # is required if meets criteria for KBSR submission. Mark MRN invalid if NULL.	Medical Health Record # is required for KBSR reporting.
PCONTROL	**6010**	Used by Validation Engine to mark duplicate records	Another record from this facility with the same Patient Control Number has been located.
PINA	**1110**	Attending Clinician ID NULL. Mark PINA invalid if NULL.	Attending Clinician ID is a required field.
PINA	**3110**	Attending Clinician ID does not correspond to accepted values. Mark PINA invalid if does not match lookup table.	Attending Clinician ID does not correspond to accepted values.
PINB	**3120**	Operation Clinician ID #1 does not correspond to accepted values. Mark PINB invalid if does not match lookup table.	Operation Clinician ID does not correspond to accepted values.
PINB	**4270**	Operation Clinician required for when Principal Procedure present. Mark PINB invalid if NULL when inpatient and PRP is populated.	Operation Clinician ID is required if Principal Procedure has been specified.
PINB	**4280**	Operation Clinician is required when Place Of Service is 1.	Operation Clinician ID is required when Place of Service is 1.
PINC	**3130**	Admitting Clinician NPI does not correspond to accepted values. Mark PINC invalid if does not match lookup table.	Admitting Clinician ID does not correspond to accepted values.
PIND	**3410**	2nd Other Clinician invalid. Mark PIND invalid if does not match lookup table.	2nd Other Clinician ID does not correspond to accepted values.

Field Name	KY Edit #	Validation Intent/Logic	Message to End-User
PR	**1270**	Additional Procedure is NULL when Additional Procedure Date is present. Mark PR invalid.	Additional Procedure is a required field.
PR	**3240**	Mark PR invalid if ICD-9 code does not match tlkProcedure lookup table.	Additional Procedure does not correspond to accepted values.
PR	**5040**	Mark PR invalid if code and sex do not agree in lookup table.	Additional Procedure is gender-specific and does not match Sex specified.
PRD	**1280**	Mark PR invalid if NULL.	Additional Procedure Date is a required field.
PRD	**2080**	Mark PRD invalid if date is not a valid format.	Additional Procedure Date does not correspond to a valid date (mmddyyyy).
PRD	**4090**	Mark PRD invalid if date is outside of rules.	Procedure Date occurs outside boundaries of the admission and discharge dates (72 hours prior to admission date is allowed).
PRP	**1300**	PRP Required when a PR exists. Mark PRP invalid if PR present but PRP NULL.	Principal Procedure is required when Additional Procedures are present.
PRP	**3140**	Mark PRP invalid if ICD-9 code does not match tlkProcedure lookup table.	Principal Procedure does not correspond to accepted values.
PRP	**5030**	Mark PRP invalid if ICD-9 procedure code and sex do not match in lookup table.	Principal Procedure is gender-specific and does not match Sex specified.
PRP		Mark PRP invalid if NULL and pttype = 2 or 3	CPT/HCPCS code is required for Outpatient and Ambulatory Facility records.
PTNAME	**4250**	KBSR information submitted but KBSR definition for age and diagnosis not met. Mark **[KBSR Field Group]** invalid if KBSR definition for age and diagnosis not met.	KBSR information included on record but KBSR diagnosis and age requirement not met.
PTNAME	**4251**	KBSR information submitted but KBSR definition for age not met. Mark KBSR FIELD GROUP if age requirement for KBSR not met.	KBSR information included on record but age requirement for KBSR not met.
PTNAME	**4252**	KBSR information submitted but KBSR definition for required diagnosis not met. Mark KBSR FIELD GROUP invalid if KBSR definition for diagnosis not met.	KBSR information included but KBSR definition for diagnosis not met.
PTNAME	**4261**	Patient's Name is required if meets criteria for KBSR submission. Mark PTNAME invalid if NULL.	Patient's Name is required for KBSR reporting.
PTSTATUS	**1130**	Patient Status NULL. Mark PTSTATUS invalid if NULL.	Patient Status is a required field.
PTSTATUS	**3150**	Patient Status not valid. Mark PTSTATUS invalid if does not match lookup table for specific dates.	Patient Status does not correspond to accepted values.
PTSTATUS	**3400**	Patient Status not valid. Mark PTSTATUS invalid if = 30.	Patient Status 30 not allowed on final bill.

Field Name	KY Edit #	Validation Intent/Logic	Message to End-User
PTSTATUS	**4110**	Patient Status invalid. Mark PTSTATUS invalid if PTSTATUS = 9 AND PTTYPE not equal to 2 AND SOP not equal to **98910 or 98945**	Patient status of 09 requires the type of patient be an Outpatient and Source of Pay to be Medicare.
RACE	**1050**	Race NULL. Mark RACE if NULL.	Race is a required field.
RACE	**3040**	Race not valid. Mark RACE if does not match lookup table.	Race does not correspond to accepted values.
REASVISIT1	**1101**	Reason for Visit Diagnosis NULL. Mark REASVISIT invalid if NULL. Alter Edit #1100 to use field name change and apply to outpatients only.	Patient's Reason for Visit is a required.
REASVISIT1	**3081**	Reason for Visit Diagnosis not valid. Mark REASVISIT invalid if Diagnosis Version and code do not match lookup. Alter Edit #3080 to change field name and apply to outpatients only.	Patient's Reason for Visit does not correspond to accepted values.
REASVISIT1	**5251**	Sex and Reason for Visit Diagnosis do not correspond. Mark REASVISIT invalid if code and sex do not match in lookup table. Alter Edit #5250 to change field name and apply to outpatients only.	Patient's Reason for Visit is gender-specific and does not match the Sex specified.
REASVISIT1	**5413**	Ages 15 and up admit dx for adults only. Mark REASVISIT invalid if code does not match lookup table. NEW IPOP EDIT.	Patient's Reason for Visit is adult-specific and does not agree with this patient's age.
REASVISIT1	**5423**	Age > 0 and admit dx for infants only. Mark REASVISIT invalid if code does not match lookup table. NEW IPOP EDIT.	Patient's Reason for Visit is newborn-specific and does not agree with this patient's age.
REASVISIT1	**5433**	Age 0 - 17 and admit dx for children only. Mark REASVISIT invalid if code does not match lookup table. NEW IPOP EDIT.	Patient's Reason for Visit is pediatric-specific and does not agree with this patient's age.
REASVISIT1	**5443**	Age # 12-55 admit dx for women of childbearing years. Mark REASVISIT invalid if code does not match look up table. NEW IPOP EDIT.	Patient's Reason for Visit is maternity-specific and does not agree with this patient's age.
REASVISIT2	**3082**	Reason for Visit Diagnosis not valid. Mark REASVISIT invalid if Diagnosis Version and code do not match lookup. Alter Edit #3080 to change field name and apply to outpatients only.	Patient's Reason for Visit does not correspond to accepted values.
REASVISIT2	**5252**	Sex and Reason for Visit Diagnosis do not correspond. Mark REASVISIT invalid if code and sex do not match in lookup table. Alter Edit #5250 to change field name and apply to outpatients only.	Patient's Reason for Visit is gender-specific and does not match the Sex specified.

Field Name	KY Edit #	Validation Intent/Logic	Message to End-User
REASVISIT2	**5414**	Ages 15 and up admit dx for adults only. Mark REASVISIT invalid if code does not match lookup table. NEW IPOP EDIT.	Patient's Reason for Visit is adult-specific and does not agree with this patient's age.
REASVISIT2	**5424**	Age > 0 and admit dx for infants only. Mark REASVISIT invalid if code does not match lookup table. NEW IPOP EDIT.	Patient's Reason for Visit is newborn-specific and does not agree with this patient's age.
REASVISIT2	**5434**	Age 0 - 17 and admit dx for children only. Mark REASVISIT invalid if code does not match lookup table. NEW IPOP EDIT.	Patient's Reason for Visit is pediatric-specific and does not agree with this patient's age.
REASVISIT2	**5444**	Age # 12-55 admit dx for women of childbearing years. Mark REASVISIT invalid if code does not match look up table. NEW IPOP EDIT.	Patient's Reason for Visit is maternity-specific and does not agree with this patient's age.
REASVISIT3	**3083**	Reason for Visit Diagnosis not valid. Mark REASVISIT invalid if Diagnosis Version and code do not match lookup. Alter Edit #3080 to change field name and apply to outpatients only.	Patient's Reason for Visit does not correspond to accepted values.
REASVISIT3	**5253**	Sex and Reason for Visit Diagnosis do not correspond. Mark REASVISIT invalid if code and sex do not match in lookup table. Alter Edit #5250 to change field name and apply to outpatients only.	Patient's Reason for Visit is gender-specific and does not match the Sex specified.
REASVISIT3	**5415**	Ages 15 and up admit dx for adults only. Mark REASVISIT invalid if code does not match lookup table. NEW IPOP EDIT.	Patient's Reason for Visit is adult-specific and does not agree with this patient's age.
REASVISIT3	**5425**	Age > 0 and admit dx for infants only. Mark REASVISIT invalid if code does not match lookup table. NEW IPOP EDIT.	Patient's Reason for Visit is newborn-specific and does not agree with this patient's age.
REASVISIT3	**5435**	Age 0 - 17 and admit dx for children only. Mark REASVISIT invalid if code does not match lookup table. NEW IPOP EDIT.	Patient's Reason for Visit is pediatric-specific and does not agree with this patient's age.
REASVISIT3	**5445**	Age # 12-55 admit dx for women of childbearing years. Mark REASVISIT invalid if code does not match look up table. NEW IPOP EDIT.	Patient's Reason for Visit is maternity-specific and does not agree with this patient's age.
RELATION	**3430**	Patient's Relationship to Insured not valid. Mark RELATION invalid if does not match lookup table.	Relationship does not correspond to accepted values.

Field Name	KY Edit #	Validation Intent/Logic	Message to End-User
RELATION	**4266**	Patient's Relationship to Insured is required if meets criteria for KBSR submission. Mark RELATION invalid if NULL.	Patient's Relationship to Insured is required for KBSR reporting.
REVCHG	**1250**	Revenue Charge NULL. Mark REVCHG invalid if NULL.	Revenue Charge is a required field.
REVCHG	**2110**	Revenue Charge on 837 formatted correctly. Mark REVCHG invalid if 837 currency not reported as numeric.	Revenue Charge must be numeric.
REVCHG	**5365**	Sum up of like Rev Codes must be positive charge (not $0 or negative). Mark REVCHG invalid if sum of like Rev Codes is not a positive number.	Sum of charges for like Revenue Codes must be greater than $0.
REVCHG	**5360**	Total charges for Room Revenue Codes must be greater than 0. Mark REVCHG invalid if Rev Code = room and board and REVCHG = $0.	Room and Board Revenue Charges must be greater than $0.
REVCODE	**1220**	Revenue Code NULL. Mark REVCODE invalid if NULL.	Revenue Code is a required field.
REVCODE	**1350**	More than one total revenue code found (TC counts as the first). Mark the second REVCODE = 0001 invalid if more than one exist on a record.	Revenue Code 0001 should appear only once.
REVCODE	**3210**	Revenue Code not valid. Mark REVCODE invalid if does not match lookup table.	Revenue Code does not correspond to accepted values.
REVCODE	**5350**	Rev Code for room charge needs to be on all inpatient records. Mark REVCODE invalid if range of Rev Codes like Iowa uses is not on PTTYPE = 1.	At least one revenue code needs to indicate room charges.
SERVCODE	**5560**	If no CPT/HCPCS meeting criteria for KY outpatient submission, then mark entire record invalid (next to Outpatient at top)	No CPT/HCPCS meeting OS/ED/OC/OT/MA criteria are on this record. Additional CPT/HCPCS needed or delete record.
SERVDATE	**1230**	Service Date NULL. Mark SERVDATE invalid if NULL for outpatients.	Service Date is a required field.
SERVDATE	**2070**	Service Date not a valid date. Mark SERVDATE if Patient Type =2 and not a valid date.	Service Date does not correspond to a valid date (mmddyyyy).
SERVDATE	**4020**	Service Date outside date boundaries. Mark SERVDATE invalid if outside of admit/discharge.	Service Date occurs outside boundaries of the admission and discharge dates (72 hours prior to admission is allowed; 72 hours after discharge is allowed for Medicaid only).
SEX	**1040**	Sex NULL. Mark SEX invalid if NULL.	Sex is a required field.
SEX	**3030**	Sex not valid. Mark SEX invalid if does not match lookup table.	Sex does not correspond to accepted values.

Field Name	KY Edit #	Validation Intent/Logic	Message to End-User
SOP1	**1140**	Expected Source of Pay NULL. Mark SOP if NULL.	Expected Source of Pay is a required field.
SOP1	**3160**	Expected Source of Pay not valid. Mark SOP if does not match lookup table.	Expected Source of Pay does not correspond to accepted values.
SOP2	**3170**	Secondary Source of Pay not valid. Mark SOP2 if does not match lookup table.	Secondary Source of Pay does not correspond to accepted values.
SOP3	**3175**	Tertiary Source of Pay not valid. Mark SOP3 if does not match lookup table.	Tertiary source does not correspond to accepted values.
ST	**3010**	Patient's State not valid. Mark ST invalid if does not match lookup table.	State does not correspond to accepted values.
ST	**4260**	Patient's State is required if meets criteria for KBSR submission. Mark ST invalid if NULL.	Patient's State is required for KBSR reporting.
STPERIODF	**1190**	Statement Covers Period From NULL.	Statement Covers Period From Date is a required field.
STPERIODF	**2050**	Statement Covers Period From Date not a valid Date. Mark STPERIODF invalid if not a valid date.	Statement Covers Period From Date does not correspond to a valid date (mmddyyyy).
STPERIODT	**1200**	Statement Covers Period To NULL.	Statement Covers Period To Date is a required field.
STPERIODT	**2060**	Statement Covers Period To not a valid date. Mark STPERIODT invalid if not a valid date.	Statement Covers Period To Date does not correspond to a valid date (mmddyyyy).
STPERIODT	**4010**	Statement Covers Period To Date outside boundaries for selected quarter. Mark STPERIODT invalid if date is outside submission quarter.	Statement Covers Period To Date outside boundaries for selected quarter.
STREET	**4262**	Patient's Street Address is required if meets criteria for KBSR submission. Mark STREET invalid if NULL.	Patient's Street is required for KBSR reporting.
TC	**1150**	Mark TC invalid If NULL.	Total Charges is a required field.
TC	**2090**	Revenue Charge on 837 formatted correctly. Mark REVCHG invalid if 837 currency not reported as numeric.	Total Charges must be numeric.
TC	**4170**	Total Charges must be greater than 0. Mark REVCHG for Revenue Code 0001 invalid if = 0.	Total Charges must be greater than $0.
TC	**4172**	Total Charges cannot be equal to or higher than $10,000,000.00. Mark REVCHG for Revenue Code 0001 invalid if higher.	Total Charges cannot be equal to or greater than $10 million.
TC	**5180**	Total of Charges do not equal Total Charge. Mark TC invalid if sum of all other charges does not add up to TC.	The total of all Revenue Charges does not equal the Total Charges.
UNITSERV	**1240**	Units of Service NULL. Mark UNITSERV invalid if NULL.	Unit of Service is a required field.
UNITSERV	**2100**	Units of Service not numeric. Mark UNITSERV invalid.	Units of Service must be numeric.

Field Name	KY Edit #	Validation Intent/Logic	Message to End-User
UNITSERV	**5355**	Units of Service for Rev Codes = room charges must be within 1 day less, equal to, or 1 day greater than LOS. Mark ALL_REV of 1st Rev Code with room charge invalid if not true.	Length of stay must be equal to or within one day of the sum of the room and board revenue code units.
WARNING	**6030**	Used by File Parser to mark records that may not have been read correctly.	Unexpected data was encountered while reading this record from the batch file. Please verify the information below is accurate.
ZIP	**1030**	Zip Code is a required field. Mark Zip invalid if NULL.	Zip Code is a required field.
ZIP	**3020**	Zip Code not valid. Mark Zip invalid if does not match lookup table.	Zip Code does not correspond to accepted values.
ZIP	**5230**	Zip Code invalid. Mark ZIP invalid if does not agree with ST.	The Zip Code specified does not correspond to the State.

Sample Reports

Primary Source of Pay

All Patient Types
1st Quarter 2010

Code	Source of Pay	Q4 2009	Q1 2010	
98918	Self Pay	2764	2561	25.22 %
98940	Passport Medicaid Managed Care	2556	2344	23.08 %
98924	Commercial - Other	1822	1765	17.38 %
98910	Medicare (Excluding Managed Care)	1269	1331	13.11 %
98923	Commercial - PPO	780	763	7.51 %
98914	Tricare (Champus)	600	633	6.23 %
98945	Medicare Managed Care	231	244	2.40 %
98950	Workers Compensation	150	150	1.48 %
98916	In-State Medicaid	147	150	1.48 %
98930	Other Self-Administered Plan	138	123	1.21 %
98922	Commercial - HMO	60	45	0.44 %
98917	Out-of-State Medicaid	63	39	0.38 %
98915	CHAMPVA	8	8	0.08 %
00000	Other	1	0	0.00 %
	Total Discharges	**10589**	**10156**	

Kentucky Data Program - Submission Compliance Report

Facility Name: Guest Ambulatory Facility
Data Collection ID: 888888
Facility NPI Number: 3
Year: 2009

Month-QTR	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4
Inpatient Cases																
Reported Cases	3,012	4,233	3,161	10,406	6,245	8,084	7,857	22,186	0	0	0	0	0	0	0	0
Error-Free Cases																
% Compliance	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %
Cases in Error																
Compliant?	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
Total Outpatient Cases																
Reported Cases	13,285	27,565	22,427	63,277	23,068	23,929	14,649	61,646	0	104	0	104	0	105	0	105
Error-Free Cases																
% Compliance	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %
Cases in Error																
Compliant?	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
Outpatient Surgery Cases																
Reported Cases	2,720	8,582	3,572	14,874	8,200	8,541	1,948	18,689	0	104	0	104	0	105	0	105
Error-Free Cases																
% Compliance	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %
Cases in Error																
Compliant?	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No

County of Residence

All Patient Types

1st Quarter 2010

County of Residence	Q4 2009	Q1 2010	
KY - HARDIN	7733	7475	73.60 %
KY - LARUE	891	866	8.53 %
KY - MEADE	564	555	5.46 %
KY - GRAYSON	245	229	2.25 %
KY - NELSON	176	193	1.90 %
KY - BRECKINRIDGE	160	143	1.41 %
KY - HART	128	105	1.03 %
KY - JEFFERSON	101	100	0.98 %
KY - BULLITT	101	89	0.88 %
KY - GREEN	32	39	0.38 %
KY - TAYLOR	25	26	0.26 %
KY - MARION	7	13	0.13 %
KY - BARREN	7	9	0.09 %
KY - CHRISTIAN	2	9	0.09 %
IN - CLARK	9	8	0.08 %
KY - WARREN	9	8	0.08 %
KY - FAYETTE	12	6	0.06 %
IN - FLOYD	11	6	0.06 %
KY - ADAIR	9	6	0.06 %
TX - BELL	3	5	0.05 %
KY - DAVIESS	1	5	0.05 %
KY - OHIO	1	5	0.05 %
TN - DAVIDSON	4	4	0.04 %
(unknown)	3	4	0.04 %
MI - GENESEE	1	4	0.04 %
KY - SPENCER	4	3	0.03 %
OH - CUYAHOGA	4	3	0.03 %

IPOP
Kentucky Inpatient Outpatient Data Collection System

State of Residence

All Patient Types
1st Quarter 2010

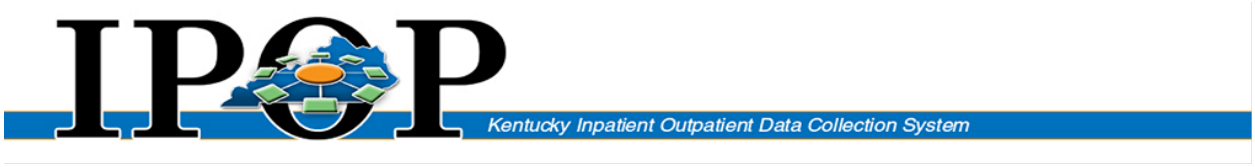
Code	State of Residence	Q4 2009	Q1 2010	
KY	Kentucky	10287	9942	97.89 %
IN	Indiana	46	38	0.37 %
TN	Tennessee	29	18	0.18 %
OH	Ohio	21	17	0.17 %
TX	Texas	16	14	0.14 %
MI	Michigan	12	14	0.14 %
IL	Illinois	14	13	0.13 %
GA	Georgia	12	10	0.10 %
NC	North Carolina	10	8	0.08 %
FL	Florida	24	6	0.06 %
AL	Alabama	14	6	0.06 %
SC	South Carolina	3	6	0.06 %
VA	Virginia	9	5	0.05 %
CA	California	7	4	0.04 %
MO	Missouri	3	4	0.04 %
WV	West Virginia	3	4	0.04 %
XX	Unknown or Other	3	4	0.04 %
WA	Washington	2	4	0.04 %
IA	Iowa	1	4	0.04 %
NY	New York	7	3	0.03 %
WI	Wisconsin	6	3	0.03 %
AZ	Arizona	2	3	0.03 %
KS	Kansas	2	3	0.03 %
LA	Louisiana	2	3	0.03 %
MS	Mississippi	2	3	0.03 %
NV	Nevada	1	3	0.03 %
PA	Pennsylvania	13	2	0.02 %

Race of Patient

All Patient Types

1st Quarter 2010

Code	Race of Patient	Q4 2009	Q1 2010	
R5	White	9044	8670	85.37 %
R3	Black or African American	1263	1213	11.94 %
R4	Native Hawaiian or Pacific Islander	231	209	2.06 %
R2	Asian	42	40	0.39 %
R9	Other	9	23	0.23 %
R1	American Indian or Alaska Native	0	1	0.01 %
	Total Discharges	**10589**	**10156**	



facility_num	Facility	Patient Control	Service Code	ddat_value	billtype	Payer Code
9999999999	Hospital A	1000xxxxxxxxx	Acute medical/surgical unit (non-PPS exempt)	21-Oct-10	111	98960

Frequently Asked Questions (FAQs)

Batch Submission / Deletion Questions

1. What would cause my batch file to not process successfully?

   There are 5 criterions needed for a batch to be processed:

   - More than half of the records in the batch have Patient Control Numbers that have already been submitted (duplicates)
   - Page Numbers missing – this is specific to the flat file submissions
   - Less than 2500 characters – this is specific to the flat file submissions
   - Missing Facility ID number
   - More than half of the records have a DNR order

2. How do I know when the file has been processed?

   During the uploading of a file you will briefly see an image that indicates the file is uploading. When the file upload is complete you will be redirected to the Batch Review page. The file that you have just uploaded will not reflect in the Batch Review screen until it has been processed.

   When the file has been processed you will received an e-mail message advising whether the batch was successful or invalid. If the batch is successful the message will include the total number of records, total valid records and the total invalid records along with the batch number assigned to your file.

3. How long do I have to wait to submit after I mark a batch to be deleted?

   Batches can be resubmitted immediately.

Editing Questions

4. How do I correct invalid records?

   Return to the Batch Review screen to view the invalid records. Select View to see the Batch Detail. Click the “All Errors” window to see a listing of the types of errors that are present in the invalid records. Select the type of errors you want to correct. Select Edit next to the record line detail. The field(s) that contain errors are highlighted in yellow and have a diamond shaped icon next to the field. Highlight the field to be corrected and type in the correction and click “Update” or hit enter. If the record is correct the next invalid record will appear. Continue the process until all invalid records are moved to the valid file.

5. How are diagnoses / procedure/ revenue lines /codes deleted?

   Click the red “X” next to the diagnosis/procedure/revenue line that you want to delete. Answer yes to the question “Are you sure you want to delete this line?” The entire line will be removed.

6. How do I correct POA edits?

   POA edits have multiple reasons:

   - Edit 3072 – POA code not valid. The POA indicator needs to match those codes as described in manual
   - Edit 3074 – POA code on inpatient records only. Outpatient records do not require a POA code.
   - Edit 3076 – POA is required for this inpatient diagnosis. All diagnoses on inpatient claims except those on the exempt list must have a valid POA.

7. How do I correct the error "Invalid physician ID number does not correspond to acceptable values?"

   E-mail to KHA the invalid NPI number with the full name of the physician including middle initial and the credential (i.e. MD, DO, PA, etc.). KHA will add the information to the file and return an e-mail message to you stating the NPI has been added to the file.

Verification Process Questions

8. How do I notify KHA when the data submission is complete for the Quarter?

   When you have submitted all the records for the quarter and all the edits are cleared click on the Ready to Verify Quarter button on the Batch Review screen. 14 Verification reports are automatically e-mailed to the Primary and General contacts. Review the reports for accuracy and completeness. Once you are sure the reports are correct, click on the Mark Complete button on the Batch Review Screen. This means that you attest to the data for that quarter.

9. What if I disagree with the information on the Verification Reports?

   Contact KHA with your concern as soon as possible. There is a two-week period allowed to verify the quarterly information. If, during that time, you discover a problem we will fix the data prior to starting production for our output. Depending on the issue identified we will work with hospitals to ensure data accuracy and completeness. It may be that some data concerns will be noted in a README file that is sent to end users. Data discrepancies discovered after production steps have been completed and end users have access will be addressed on an individual basis for corrective action which may or may not result in a charge to the facility to fix inaccuracies.

Technical / IT Questions

10. Can I submit my inpatient data separately from my outpatient data?

As the file format is the same for both inpatient and outpatient data there is no need to submit separate files. However, the system will allow for separate inpatient and outpatient files to be submitted. Please note however, that once you mark the quarter complete which indicates you will not be submitting any more data for that quarter you will be unable to submit another batch for that quarter without contacting KHA for assistance.

11. Does this Web submission process ensure that my data is secure?

Security Application includes:

i. User authentication is employed to verify the identity of users and determine access rights.
ii. 128 Bit SSL certificate is present on the web server to encrypt communication with users.

Resources

Contact Information

Kentucky Hospital Association
2501 Nelson Miller Parkway
PO Box 436629
Louisville, KY 40253-6629

Helpline

1-888-992-4320
(502) 426-6220

KY IPOP System Website

https://www.kyipop.org

This site is used for submission of case data and case counts. Tutorials are also available at this site.

Statute & Regulations

Commonwealth of Kentucky
Cabinet for Health and Family Services
Office of Health Data and Analytics
275 E Main Street, 4 W-E
Frankfort, KY 40621
(502)-564-9592