

WHA Information Center

Primary Record - QUICK REFERENCE

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Field #	Field Name	Length	Decimal Places	Description	IP	OP	Appendix	UB-04 FL	837I - 4010A1	CMS-1500	837P- 4010A1	5010	Verbiage
1	RECTYPE	1		Record Type = A	X	X							
2	FNUM	10		Facility Number	X	X	I						
3	PCONTROL	24		Patient Control No.	X	X		3a	2300, CLM01	26	2300, CLM01	same.	Patient Account
4	BDAT	8		Date of Birth (mmdyyy)	X	X		10	2010BA or CA, DMG02	3	2010CA, DMG02	same.	Subscriber Birth Date
5	ZIP	5		Zip Code	X	X		9 2d	2010BA or CA, N403	5	2010CA, N403	same.	Changed to situational
6	SEX	1		Sex	X	X		11	2010BA or CA, DMG03	3	2010CA, DMG03	same.	Gender Code
7	RACE	1		Race	X	Not ED	II	81 B1				2010BA or CA, DMG05	Race or Ethnicity Code
8	ETHN	1		Ethnicity	X	Not ED	II	81 B1				2010BA or CA, DMG05	Race or Ethnicity Code

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9	ADMS	1		Source of Admission (aka Point of Origin)	X	ED	III	15	2300, CL102			same.	Point of Origin: Admission Source Code - Situational. Required for all INP and OP services (Note: Therefore required on all bill types marked "IP or OP" per FL 04 Pg 3-4, which is equivalent to the UB-04 requirement)Except for TOB 014X which is exempt from reporting.
10	ADMT	1		Type of Admission	X	Not req 1/1/06	V	14	2300, CL101			same.	Admission Type Code - Situational
11	ADAT	8		Admission Date (mmddyyyy)	X	ED		12	2300, DTP03			same.	Required on INP, HH and Hospice
12	DXP	7		Principal Diagnosis	X	X		67	2300, HI01-2 CO22	21(1)	2300, HI01-C022-2	same.	Usage changed to required. Name changed to Principal diagnosis code
13	DXP_POA	1		Present on Admission	X	Not allowed - edit 1094		67 (8th character)				H1102-9	New Element: Blank, N, U, W, Y
14	DXA	7		Admitting Diagnosis	X	Not allowed - edit 4071		69	2300, HI0x-2 C022			H1101-2	OK - reviewed UB Spec

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15	DXRV1	7		Patient's Reason for Visit Diagnosis	Not allowed - Edit 1271	TOB 013x, 085x w rev codes 045x, 0516, 0526, or 0762		70a	2300, HI0x-2 C022			HI10x -2;	New Segment - says required P. 28, Patient Reason for Visit
16	DXRV2	7		Patient's Reason for Visit Diagnosis	Edit 1271	Optional		70b				H102-3	Patient Reason for Visit
17	DXRV3	7		Patient's Reason for Visit Diagnosis	Edit 1271	Optional		70c				HI03-2	Patient Reason for Visit
18	DXE1	7		External Cause of Injury Code	X	OPS, ED and OBS		72 1a	2300, HI03-2 C022	21 (2)		H101-2	
19	DXE1_POA	1		Present on Admission	X	No EDIT		72 1a 8th character				HI01-9	Blank, N, U, W, Y
20	DXE2	7		External Cause of Injury Code	X	OPS, ED and OBS		72 1b	2300, HI02-C022-2	21 (3)		H102-2	
21	DXE2_POA	1		Present on Admission	X	No EDIT		72 1b 8th character				HI02-9	Blank, N, U, W, Y
22	DXE3	7		External Cause of Injury Code	X	OPS, ED and OBS		72 1c		21 (4)		H103-2	
23	DXE3_POA	1		Present on Admission	X	No EDIT		72 1c 8th character				HI03-9	Blank, N, U, W, Y
24	DXE4	7		External Cause of Injury Code	X	OPS, ED and OBS						HI04--2	

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25	DXE4_POA	1		Present on Admission	X	No EDIT						HI04-9	Blank, N, U, W, Y
26	DXE5	7		External Cause of Injury Code	X	OPS, ED and OBS						HI05-2	
27	DXE5_POA	1		Present on Admission	X	No EDIT						HI05-9	Blank, N, U, W, Y
28	DXE6	7		External Cause of Injury Code	X	OPS, ED and OBS						HI06-2	
29	DXE6_POA	1		Present on Admission	X	No EDIT						HI06-9	Blank, N, U, W, Y
30	DXE7	7		External Cause of Injury Code	X	OPS, ED and OBS						HI07-2	
31	DXE7_POA	1		Present on Admission	X	No EDIT						HI07-9	Blank, N, U, W, Y
32	DXE8	7		External Cause of Injury Code	X	OPS, ED and OBS						HI08-2	
33	DXE8_POA	1		Present on Admission	X	No EDIT						HI08-9	Blank, N, U, W, Y
34	DXE9	7		External Cause of Injury Code	X	OPS, ED and OBS						HI09-2	
35	DXE9_POA	1		Present on Admission	X	No EDIT						HI09-9	Blank, N, U, W, Y
36	DXE10	7		External Cause of Injury Code	X	OPS, ED and OBS						HI10-2	
37	DXE10_POA	1		Present on Admission	X	No EDIT						HI10-9	Blank, N, U, W, Y
38	DXE11	7		External Cause of Injury Code	X	OPS, ED and OBS						HI11-2	
39	DXE11_POA	1		Present on Admission	X	No EDIT						HI11-9	Blank, N, U, W, Y
40	DXE12	7		External Cause of Injury Code	X	OPS, ED and OBS						HI-12-2	
41	DXE12_POA	1		Present on Admission	X	No EDIT						HI-12-9	Blank, N, U, W, Y

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42	PINA	10		Attending Physician NPI Number	X	ED, OBS		76	2310A, NM109			same.	Name change: Attending Provider; Provider Identifier; Changed to situational
43	PINB	10		Operating Physician NPI Number	X	X		77	2310B, NM109	24J(1)	2310B, NM109	same.	Usage change to situational
44	PINC	10		Other Operating Physician NPI Number	X	X		78	2310C, NM109	24J(2)		same.	name change: Other Operating Physician Name
45	PRP	7		Principal Procedure	X	OPS		74 for IP	2300, HI01-2 C022	24 D(1)	2400, SV101	same.	
46	PRPMOD1	2		CPT/HCPCS Level II Modifier	3805	X				24 D(1)	2400, SV101-C003-3	2400, SV202-3	Procedure Modifier
47	PRPMOD2	2		CPT/HCPCS Level II Modifier	3806	X				24 D(1)	2400, SV101-C003-4	SV202-3 to 6	Procedure Modifier
48	PRPMOD3	2		CPT/HCPCS Level II Modifier	3807	X				24 D(1)	2400, SV101-C003-5	SV202-3 to 6	Procedure Modifier
49	PRPMOD4	2		CPT/HCPCS Level II Modifier	3808	X				24 D(1)	2400, SV101-C003-6	SV202-3 to 6	Procedure Modifier
50	PRPD	8		Principal Procedure Date (mmddyyyy)	X	OPS		74 for IP	2300, HI01-4 C022	24 A(1)	2400, DTP03	HI01-4	Usage change to Not Used
51	DDAT	8		Discharge Date (mmddyyyy)	X	ED						ok	NA
52	PTSTATUS	2		Patient Status	X	ED	VI	17	2300, CL103			same.	Changed to required

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53	SOPID	3		Expected Source of Pay ID	X	X	VII	50A	2010BC, NM109	1	2010BB, NM109	NM103	Loop Change - 2010BB Payer Name: 2010BB for the Destination Payer of the Claim NM103 Payer Identifier
54	SOPTYPE	2		Expected Source of Pay Type	X	X	VII	50A	Requires mapping to WHAIC codes	1		ok	NA
55	SOPID2	3		Secondary Source of Pay ID	X	X	VII	50B	2330B, NM103	1	2420G, NM109	same.	Other Payer Last or Organization Name - increase from 35 to 60
56	SOPTYPE2	2		Secondary Source of Pay Type	X	X	VII	50B	Requires mapping to WHAIC codes	1		ok	NA
57	PROVID	10		Provider ID (Organizational NPI) Required 7/1/07	X	X		56	2010AA, NM109		2010 AA, NM109	same.	Loop 2010AA is for Billing Provider Name Identifier
58	TC	12	2	Total Charges (-)nnnnnnnn.nn	X	X		47	2300, CLM02	28	2300, CLM02	Loop 2400, SV203 and 2300, CLM02	Total claim charge amount
59	LVDays	3		Leave Days	X					Derived from 42 and 46		ok	NA
60	BILLTYPE	4		Type of Bill	X	X	VIII	4	2300, CLM05-1, CLM05-3			same.	CLM05-3 = claim Frequency Code

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61	PTTYPE	1		Type of Encounter 1=INP, 2=OP	X	X						ok	NA
62	SERVCODE	1		Place of Service (OP only)	Not allowed - Edit 6040	X	IX					ok	NA
63	MRN	24		Medical Record Number	X	X		3b	2300, REF02		2300, REF02	same.	Increased from 30 to 50 characters
64	STPERIODF	8		Statement Covers Period From (mmddyyyy)	Not req 1/1/06	Not OP Surg or ED		6	2300, DTP03			Statement to and from says Required - Applies to OHO	Name change: statement from AND to date (or changed to and)
65	STPERIODT	8		Statement Covers Period Through (mmddyyyy)	Not req 1/1/06	Not OP Surg or ED		6	2300, DTP03			same.	
66	CCODE1	2		Condition Code 1	X	X	IV	18-28 (code 17)	2300, HI01x-2 C022			IC = always 17	NA
67	CCODE2	2		Condition Code 2	X	Optional	IV	18-28 1 of 4 codes: 60, 61, 47 or P7	2300, HI01x-2 C022			1 of 4 codes: 60, 61, 47 P7	NA
68	CCODE3	2		Condition Code 3	X	Optional	IV	18-28 1 of 4 codes: 60, 61, 47 or P7	2300, HI01x-2 C022			1 of 4 codes: 60, 61, 47 P7	NA

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69	CERTNUM	20		Certificate Number (Insurance)	X	X		60	2010BA, NM109	1 A	2000B, SBR03	2010BA for Destination Payer	Insured's Unique Identifier: Loop 2000B, SBR03
70	ECID	5		Encrypted Case ID	X	X							
Field 45: Requires ICD procedure for INP records, if a CPT/HCPCS code is entered, submitter gets an Edit "Error 1392: Primary procedure must be an ICD-9-CM code for this type of patient record."													
Field 46-49: Procedure modifiers applies to Outpatient records only. If a record is entered with a ICD procedure code followed by a modifier, submitter gets an Edit: "Error 3245: Additional Procedure Modifier 1 does not correspond to accepted values."													
A complete description of each field can be found in the Inpatient/Outpatient Submittal Data Dictionary: http://www.whainfocenter.com/wipop_07/Data_Dictionary.pdf													