

WHA Information Center

Primary Record - **IMPLEMENTATION 07/01/07** - updated 10/2007

The fields highlighted in pink in the Field Name column are required by freestanding ambulatory surgery centers (FASCs).

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Field #	Field Name	Length	Decimal Places	Description	IP	OP	Appendix	UB-04	837I - 4010A1	CMS-1500	837P-4010A1
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
4	BDAT	8		Date of Birth (mmddyyyy)	X	X		10	2010BA or CA, DMG02	3	2010CA, DMG02
5	ZIP	5		Zip Code	X	X		9 2d	2010BA or CA, N403	5	2010CA, N403
6	SEX	1		Sex	X	X		11	2010BA or CA, DMG03	3	2010CA, DMG03
7	RACE	1		Race	X	Not ED	II	81 B1			
8	ETHN	1		Ethnicity	X	Not ED	II	81 B1			
9	ADMS	1		Source of Admission	X	ED	III, IV	15	2300, CL102		
10	ADMT	1		Type of Admission	X	Not req 1/1/06	V	14	2300, CL101		
11	ADAT	8		Admission Date (mmddyyyy)	X	ED		12	2300, DTP03		
12	DXP	7		Principal Diagnosis	X	X		67	2300, HI01-2 CO22	21(1)	2300, HI01- C022-2
13	DXP_POA	1		Present on Admission	X			67 (8th character)			
14	DXA	7		Admitting Diagnosis	X			69	2300, HI0x-2 C022		
15	DXRV1	7		Patient's Reason for Visit Diagnosis				70a	2300, HI0x-2 C022		
16	DXRV2	7		Patient's Reason for Visit Diagnosis		Optional		70b			
17	DXRV3	7		Patient's Reason for Visit Diagnosis		Optional		70c			
18	DXE1	7		External Cause of Injury Code	X	OPS, ED and OBS		72 1a	2300, HI03-2 C022	21 (2)	

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19	DXE1_POA	1		Present on Admission	X			72 1a 8th character			
20	DXE2	7		External Cause of Injury Code	X	OPS, ED and OBS		72 1b	2300, HI02-C022-2	21 (3)	
21	DXE2_POA	1		Present on Admission	X			72 1b 8th character			
22	DXE3	7		External Cause of Injury Code	X	OPS, ED and OBS		72 1c		21 (4)	
23	DXE3_POA	1		Present on Admission	X			72 1c 8th character			
24	DXE4	7		External Cause of Injury Code	X	OPS, ED and OBS					
25	DXE4_POA	1		Present on Admission	X						
26	DXE5	7		External Cause of Injury Code	X	OPS, ED and OBS					
27	DXE5_POA	1		Present on Admission	X						
28	DXE6	7		External Cause of Injury Code	X	OPS, ED and OBS					
29	DXE6_POA	1		Present on Admission	X						
30	DXE7	7		External Cause of Injury Code	X	OPS, ED and OBS					
31	DXE7_POA	1		Present on Admission	X						
32	DXE8	7		External Cause of Injury Code	X	OPS, ED and OBS					
33	DXE8_POA	1		Present on Admission	X						
34	DXE9	7		External Cause of Injury Code	X	OPS, ED and OBS					
35	DXE9_POA	1		Present on Admission	X						
36	DXE10	7		External Cause of Injury Code	X	OPS, ED and OBS					
37	DXE10_POA	1		Present on Admission	X						
38	DXE11	7		External Cause of Injury Code	X	OPS, ED and OBS					
39	DXE11_POA	1		Present on Admission	X						

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40	DXE12	7		External Cause of Injury Code	X	OPS, ED and OBS					
41	DXE12_POA	1		Present on Admission	X						
42	PINA	10		Attending Physician ID Number	X	ED, OBS		76	2310A, NM109		
43	PINB	10		Operating Physician ID Number	X	X		77	2310B, NM109	24J(1)	2310B, NM109
44	PINC	10		Other Operating Physician ID Number	X	X		78	2310C, NM109	24J(2)	
45	PRP	7		Principal Procedure	X	OPS		74 for IP	2300, HI01-2 C022	24 D(1)	2400, SV101
46	PRPMOD1	2		CPT/HCPCS Level II Modifier		X				24 D(1)	2400, SV101-C003-3
47	PRPMOD2	2		CPT/HCPCS Level II Modifier		X				24 D(1)	2400, SV101-C003-4
48	PRPMOD3	2		CPT/HCPCS Level II Modifier		X				24 D(1)	2400, SV101-C003-5
49	PRPMOD4	2		CPT/HCPCS Level II Modifier		X				24 D(1)	2400, SV101-C003-6
50	PRPD	8		Principal Procedure Date (mmddyyyy)	X	OPS		74 for IP	2300, HI01-4 C022	24 A(1)	2400, DTP03
51	DDAT	8		Discharge Date (mmddyyyy)	X	ED					
52	PTSTATUS	2		Patient Status	X	ED	VI	17	2300, CL103		
53	SOPID	3		Expected Source of Pay ID	X	X	VII	50A	2010BC, NM109	1	2010BB, NM109
54	SOPTYPE	2		Expected Source of Pay Type	X	X	VII	50A	Requires mapping to WHAIC codes	1	
55	SOPID2	3		Secondary Source of Pay ID	X	X	VII	50B	2330B, NM103	1	2420G, NM109
56	SOPTYPE2	2		Secondary Source of Pay Type	X	X	VII	50B	Requires mapping to WHAIC codes	1	

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57	PROVID	10		Provider ID (Organizational NPI) Required 7/1/07	X	X		56	2010AA, NM109		2010 AA, NM109
58	TC	12	2	Total Charges (-)nnnnnnnn.nn	X	X		47	2300, CLM02	28	2300, CLM02
59	LVDays	3		Leave Days	X					Derived from 42 and 46	
60	BILLTYPE	4		Type of Bill	X	X	VIII	4	2300, CLM05-1, CLM05-3		
61	PTTYPE	1		Type of Encounter	X	X					
62	SERVCODE	1		Place of Service (OP only)		X	IX				
63	MRN	24		Medical Record Number	X	X		3b	2300, REF02		2300, REF02
64	STPERIODF	8		Statement Covers Period From (mmddyyyy)	Not req 1/1/06	Not OP Surg or ED		6	2300, DTP03		
65	STPERIODT	8		Statement Covers Period Through (mmddyyyy)	Not req 1/1/06	Not OP Surg or ED		6	2300, DTP03		
66	CCODE1	2		Condition Code 1	X	X		18-28 (code 17)	2300, HI01x-2 C022		
67	CCODE2	2		Condition Code 2	X			18-28 (code 60)	2300, HI01x-2 C022		
68	CCODE3	2		Condition Code 3	X			18-28 (code 61)	2300, HI01x-2 C022		
69	CERTNUM	20		Certificate Number	X	X		60	2010BA, NM109	1 A	2000B, SBR03
70	ECID	5		Encrypted Case ID	X	X					