

Outpatient & Additional Outpatient Database

DATA DICTIONARY

For use with the IHA Outpatient Database
(Effective 4-1-2015)

PRIMARY RECORD

- 1 **RECORD ID:** This is a record number to link the primary table to the diagnosis and revenue tables.
- 2 **FACILITY NUMBER:** The facility's unique identification number assigned by IHA. Appendix I shows the identification number for each facility in Iowa.
- 3 **DISCHARGE DATE:** The month, day, and year of discharge, with a two-digit entry for the month and day and a four-digit entry for the year (mmddyyyy). The stay may have ended by order of a physician, against medical advice, or by death. For example, a discharge occurring on May 8, 2013 would be recorded as 05082013.
- 4 **COUNTY CODE:** The Iowa county of residence. See Appendix II for the three-digit numerical code. If the patient is not from Iowa, code "999" is assigned.
- 5 **COUNTY NAME:** The patient's county of residence.
- 6 **CITYNAME:** The patient's city of residence.
- 7 **STATE:** The state of the patient's residence. See Appendix III for state code abbreviations. (UB-04 Form Locator 9-2C)
- 8 **ZIPCODE:** The five-digit code assigned by the U.S Postal Service. Valid Zip codes are provided whenever possible. If the Zip code is unknown "99999" is recorded. (UB04 Form Locator 9-2D)
- 9 **AGE IN YEARS:** Patient's age in years at the time of discharge.
- 10 **AGE IN DAYS:** Patient's age in days at the time of discharge for patients with age in years <1.
- 11 **SEX:** M = male, F = female, U = unknown. (UB-04 Form Locator 11)
- 12 **RACE:** See Appendix IV for codes.
- 13 **ETHNICITY:** See Appendix X for codes.
- 14 **PLACE OF SERVICE:** The area where the patient received treatment. See Appendix V for codes. Releasing 1, 2 and 3 (Standard Outpatient Release).
- 15 **EXPECTED SOURCE OF PAY:** The source of payment that is expected to pay the greatest share of the facility bill. See Appendix VI for codes. (UB-04 Form Locator 50A)
- 16 **SECONDARY SOURCE OF PAY:** The secondary source of payment for the facility bill. See Appendix VI for codes. (UB-04 Form Locator 50B)

Outpatient & Additional Outpatient Database

- 17 **TERTIARY SOURCE OF PAY:** The tertiary source of payment for the facility bill. See Appendix VI for codes. (UB-04 Form Locator 50C)
- 18 **PATIENT DISCHARGE STATUS:** The code indicating the patient discharge status or disposition of the patient at the end of service for the period covered on the bill. A patient discharged home would be recorded as 01. See Appendix VII for codes. (UB-04 Form Locator 17)
- 19-42 **REVENUE CENTERS:** UB-04 Revenue Codes mapped to Revenue Centers. The field will equal "0" if there are no charges. Refer to Appendix VIII for Outpatient Revenue Center mapping.
- 43 **TOTAL OUTPATIENT CHARGES:** All charges related to episode of care that is being reported.
- 44 **ATTENDING PHYSICIAN IDENTIFICATION NUMBER:** The National Provider Identifier (NPI) of the attending physician who has overall responsibility for the patient's medical care and treatment reported in this claim. Where a valid NPI is not available, a generic ID (1234567890) will be used. (UB-04 Form Locator 76)
- 45 **OTHER PHYSICIAN IDENTIFICATION NUMBER:** The National Provider Identifier (NPI) of the physician with primary responsibility for performing the principal surgical procedure. Where a valid NPI is not available, a generic ID (1234567890) will be used. (UB-04 Form Locator 77)
- 46 **REFERRING PHYSICIAN IDENTIFICATION NUMBER:** The National Provider Identifier (NPI) of the physician that is considered the **Referring Physician**. The Referring Physician is the provider that sends the patient to another provider for services. This field is required on the UB-04 on an outpatient claim when the Referring Provider is different than the Attending Physician. Only one referring physician per record is accepted. This is not a required field. Where a valid NPI is not available, a generic ID (1234567890) will be used. (UB-04 Form Locator 77)
- 47 **OTHER OPERATING PHYSICIAN IDENTIFICATION NUMBER:** The National Provider Identifier (NPI) of the physician who performs a secondary surgical procedure or assisting the Operating Physician. Only one other operating physician per record is accepted. Where a valid NPI is not available, a generic ID (1234567890) will be used. (UB-04 Form Locator 77)
- 48 **RENDERING PHYSICIAN IDENTIFICATION NUMBER:** The National Provider Identifier (NPI) of the physician who delivers or completes a particular medical service or non-surgical procedure. Only one rendering physician per record is accepted. This is not a required field. Where a valid NPI is not available, a generic ID (1234567890) will be used. (UB-04 Form Locator 77)
- 49 **PRINCIPAL DIAGNOSIS:** The condition established after study to be chiefly responsible for occasioning the admission of the patient to the hospital for care. (Use ICD-9-CM codes). Decimals are assumed, for example, a principal diagnosis code of 378.40 would

Outpatient & Additional Outpatient Database

be recorded as 37840; a code of 086.5 would be recorded as 0865. (UB-04 Form Locator 67)

- 50 **EXTERNAL CAUSE OF INJURY 1:** E-Code used to identify how an injury occurred, whether a drug overdose was accidental or intentional, and other circumstances that resulted in the injury or condition being coded. Priorities for recording an E-Code are: principal diagnosis of an injury, poisoning or adverse effect; other diagnosis of an injury, poisoning or adverse effect directly related to the principal diagnosis; other diagnosis with an external cause. (Use ICD-9-CM; E-codes). Decimals are assumed, for example, an E-Code of E858.4 is be recorded E8584.
- 51 **EXTERNAL CAUSE OF INJURY 2:** E-Code used to identify how an injury occurred, whether a drug overdose was accidental or intentional, and other circumstances that resulted in the injury or condition being coded. Priorities for recording an E-Code are: principal diagnosis of an injury, poisoning or adverse effect; other diagnosis of an injury, poisoning or adverse effect directly related to the principal diagnosis; other diagnosis with an external cause. (Use ICD-9-CM; E-codes). Decimals are assumed, for example, an E-Code of E858.4 is be recorded E8584.
- 52 **EXTERNAL CAUSE OF INJURY 3:** E-Code used to identify how an injury occurred, whether a drug overdose was accidental or intentional, and other circumstances that resulted in the injury or condition being coded. Priorities for recording an E-Code are: principal diagnosis of an injury, poisoning or adverse effect; other diagnosis of an injury, poisoning or adverse effect directly related to the principal diagnosis; other diagnosis with an external cause. (Use ICD-9-CM; E-codes). Decimals are assumed, for example, an E-Code of E858.4 is be recorded E8584.
- 53 **REASON FOR VISIT 1:** The ICD code that describes the patient's reason for visit at the time of outpatient registration. Decimals are assumed.
- 54 **REASON FOR VISIT 2:** The ICD code that describes the patient's second reason for visit at the time of outpatient registration. Decimals are assumed.
- 55 **REASON FOR VISIT 3:** The ICD code that describes the patient's third reason for visit at the time of outpatient registration. Decimals are assumed.
- 56 **SERVICE MARKER – EMERGENCY ROOM** Indicates the patient has emergency room revenue codes and/or EM codes on their record which include: HCPCS codes 99281-99285 or 99291 or revenue codes 0450, 0451, 0452, 0456, or 0459. Patients may have multiple service markers. (This is different from place of service where each patient can only be assigned one place of service.)
- 57 **SERVICE MARKER – AMBULATORY SURGERY** Indicates the patient has ambulatory surgery revenue codes on their record which include: 0360, 0361, 0369, 0480, 0481, 0490, 0499, 0750 or 0759. Patients may have multiple service markers. (This is different from place of service where each patient can only be assigned one place of service.)
- 58 **SERVICE MARKER – OBSERVATION** Indicates the patient has observation revenue codes on their record which include: revenue codes 0760, 0762 or 0769. Patients may have multiple service markers. (This is different from place of service where each patient can only be assigned one place of service.)

Outpatient & Additional Outpatient Database

- 59 **SERVICE MARKER – THERAPY** Indicates the patient has therapy revenue codes on their record which include: revenue codes in categories 41X-44X or 93X-95X. Patients may have multiple service markers. (This is different from place of service where each patient can only be assigned one place of service.)
- 60 **SERVICE MARKER – LAB AND RADIOLOGY** Indicates the patient has lab or radiology revenue codes on their record which include: revenue codes in categories 30X, 32X-35X, 40X, 61X, 73X-74X or 92X. Patients may have multiple service markers. (This is different from place of service where each patient can only be assigned one place of service.)
- 61 **PATIENT LINKING:** A unique quid number to link patients across the entire database. This number represents a patient linking developed using probabilistic matching based on the patients name, gender and date of birth. (This is assigned with records starting Quarter 3, 2012.)
- 62 **PATIENT ID (OLD):** A unique quid number to link patients across the entire database. This number is represents of an irreversible concatenation of Social Security Number, gender and date of birth. If SSN was not supplied the patient ID will be blank. (This number will be phased out as we move to using the “new” patient ID.

DIAGNOSIS RECORD

- 1 **RECORD ID:** This is a record number to link the primary table to the diagnosis and revenue tables. There may be many diagnosis records to one primary record.
- 2 **ADDITIONAL DIAGNOSIS:** Conditions (except the principal diagnosis) coexisting at the time of admission or developing subsequently that affect the treatment received and/or the length of stay. (Use ICD-9-CM codes) Decimals are assumed. For example, a diagnosis code of 380.22 should be recorded as 38022; diagnosis 041.5 should be recorded as 0415. (UB-04 Form Locator 67A-67Q)
- 3 **DIAGNOSIS ORDER:** The order in which additional diagnoses were submitted.

REVENUE RECORD

- 1 **RECORD ID:** This is a record number to link the primary table to the diagnosis and revenue tables. There may be many revenue records to one primary record.
- 2 **REVENUE CODE:** UB-04 Revenue Codes which identify specific accommodation, ancillary service or billing calculation. Specific Revenue Codes require HCPCS/CPT codes. See Appendix IX.
- 3 **HCPCS/CPT:** HCFA Common Procedure Coding System (CMS) and Current Procedural Terminology (AMA) codes applicable to ancillary services.
- 4 **SERVICE DATE:** The date that an outpatient service was provided.
- 5 **UNITS OF SERVICE:** A quantitative measure of services rendered by revenue category to or for the patient to include items such as number of accommodation days, pints of blood, or renal dialysis treatments, etc.

Outpatient & Additional Outpatient Database

- 6 **REVENUE CHARGE:** Charges related to the revenue code are recorded. Charges include both covered and non-covered charges.
- 7 **MODIFIER 1:** First two-digit code attached to HCPCS/CPT that is required to provide clarification or to improve coding accuracy when the associated procedure has been altered by some specific circumstance but
- 8 not changed in its definition or code (e.g. service/procedure only partially performed or canceled, bilateral procedure performed, service/procedure performed by more than one provider, unusual event occurred, etc.)
- 9 **MODIFIER 2:** Second two-digit code attached to HCPCS/CPT that is required to provide clarification or to improve coding accuracy when the associated procedure has been altered by some specific circumstance but not changed in its definition or code (e.g. service/procedure only partially performed or canceled, bilateral procedure performed, service/procedure performed by more than one provider, unusual event occurred, etc.)
- 10 **MODIFIER 3:** Third two-digit code attached to HCPCS/CPT that is required to provide clarification or to improve coding accuracy when the associated procedure has been altered by some specific circumstance but not changed in its definition or code (e.g. service/procedure only partially performed or canceled, bilateral procedure performed, service/procedure performed by more than one provider, unusual event occurred, etc.)
- 11 **MODIFIER 4:** Forth two-digit code attached to HCPCS/CPT that is required to provide clarification or to improve coding accuracy when the associated procedure has been altered by some specific circumstance but not changed in its definition or code (e.g. service/procedure only partially performed or canceled, bilateral procedure performed, service/procedure performed by more than one provider, unusual event occurred, etc.)

Outpatient & Additional Outpatient Database

Appendix I

Hospitals

Definition: The unique identification number assigned to each facility by IHA.

Facility #	Facility Name	Facility City
10	Mercy Medical Center–Dyersville	Dyersville
18	Central Iowa Healthcare	Marshalltown
26	Avera Holy Family Health	Estherville
34	Cherokee Regional Medical Center	Cherokee
59	St. Anthony Regional Hospital	Carroll
75	Iowa Specialty Hospital – Belmond	Belmond
83	Keokuk Area Hospital	Keokuk
91	Regional Medical Center	Manchester
125	Washington County Hospital & Clinics	Washington
133	UnityPoint Health - Muscatine	Muscatine
141	Crawford County Memorial Hospital	Denison
158	Mercy Medical Center□Sioux City	Sioux City
166	UnityPoint Health - Trinity	Fort Dodge
182	Guthrie County Hospital	Guthrie Center
208	Mercy Medical Center□Centerville	Centerville
216	Greene County Medical Center	Jefferson
232	Veterans Memorial Hospital	Waukon
240	UnityPoint Health - Iowa Lutheran Hospital	Des Moines
265	Boone County Hospital	Boone
273	Mercy Medical Center□New Hampton	New Hampton
281	CHI Mercy Council Bluffs	Council Bluffs
299	Mercy Iowa City	Iowa City
307	Mary Greeley Medical Center	Ames
315	Myrtue Memorial Hospital	Harlan
323	Skiff Medical Center	Newton
331	Genesis Medical Center	Davenport
349	Hansen Family Hospital	Iowa Falls
356	Grundy County Memorial Hospital	Grundy Center
364	Franklin General Hospital	Hampton
372	Floyd County Medical Center	Charles City
380	Covenant Medical Center	Waterloo
398	Cass County Memorial Hospital	Atlantic
406	Sartori Memorial Hospital	Cedar Falls
414	CHI Health Mercy Corning	Corning
430	Clarinda Regional Health Center	Clarinda
448	Pella Regional Health Center	Pella

Outpatient & Additional Outpatient Database

Appendix I

Hospitals

Facility #	Facility Name	Facility City
455	UnityPoint Health - St. Luke's Hospital	Cedar Rapids
463	Iowa Specialty Hospital – Clarion	Clarion
471	Methodist Jennie Edmundson Hospital	Council Bluffs
489	Ringgold County Hospital	Mount Ayr
497	Clarke County Hospital	Osceola
505	Mahaska Health Partnership	Oskaloosa
513	Sanford Hospital Rock Rapids	Rock Rapids
521	Madison County Healthcare System	Winterset
539	Mercy Medical Center □ Clinton	Clinton
547	Van Buren County Hospital	Keosauqua
554	Decatur County Hospital	Leon
562	Jackson County Public Hospital	Maquoketa
570	Great River Medical Center	West Burlington
588	The University of Iowa Hospitals and Clinics	Iowa City
604	Davis County Hospital	Bloomfield
612	Lucas County Health Center	Chariton
620	Genesis Medical Center, DeWitt	DeWitt
638	Central Community Hospital	Elkader
646	Mercy Medical Center - North Iowa	Mason City
653	CHI Health Missouri Valley	Missouri Valley
661	Buena Vista Regional Medical Center	Storm Lake
687	Regional Health Services of Howard County	Cresco
695	Mercy Medical Center □ Dubuque	Dubuque
703	Adair County Memorial Hospital	Greenfield
729	Stewart Memorial Community Hospital	Lake City
737	Marengo Memorial Hospital	Marengo
745	Orange City Health System	Orange City
752	Dallas County Health Systems	Perry
760	Van Diest Medical Center	Webster City
778	Monroe County Hospital	Albia
794	Mercy Medical Center	Cedar Rapids
810	Winneshiek Medical Center	Decorah
825	UnityPoint Health - Methodist West Hospital	West Des Moines
828	UnityPoint Health - Iowa Methodist Medical Center	Des Moines
836	Mercy Medical Center □ Des Moines	Des Moines
838	Mercy Medical Center—West Lakes	West Des Moines

Outpatient & Additional Outpatient Database

Appendix I

Hospitals

Facility #	Facility Name	Facility City
869	Buchanan County Health Center	Independence
885	Story County Medical Center	Nevada
893	Ottumwa Regional Health Center	Ottumwa
901	Montgomery County Memorial Hospital	Red Oak
919	Loring Hospital	Sac City
927	Shenandoah Medical Center	Shenandoah
935	Virginia Gay Hospital	Vinton
943	Waverly Health Center	Waverly
950	Hancock County Health System	Britt
976	Guttenberg Municipal Hospital	Guttenberg
984	Audubon County Memorial Hospital	Audubon
992	George C. Grape Community Hospital	Hamburg
1016	Broadlawns Medical Center	Des Moines
1032	UnityPoint Health - Jones Regional Medical Center	Anamosa
1040	UnityPoint Health - Quad Cities	Bettendorf
1065	Henry County Health Center	Mt. Pleasant
1073	Burgess Health Center	Onawa
1081	Mitchell County Regional Health Center	Osage
1099	Sioux Center Health	Sioux Center
1107	UnityPoint Health - Allen Hospital	Waterloo
1115	Manning Regional Healthcare Center	Manning
1123	Spencer Hospital	Spencer
1131	Wayne County Hospital	Corydon
1149	Knoxville Area Community Hospital	Knoxville
1156	Jefferson County Health Center	Fairfield
1164	Greater Regional Medical Center	Creston
1172	UnityPoint Health - Finley Hospital	Dubuque
1180	Palo Alto County Health System	Emmetsburg
1206	Keokuk County Health Center	Sigourney
1222	Fort Madison Community Hospital	Fort Madison
1248	Lakes Regional Healthcare	Spirit Lake
1263	Sanford Sheldon Medical Center	Sheldon
1297	Palmer Lutheran Health Center	West Union
1305	Osceola Community Hospital	Sibley
1313	Horn Memorial Hospital	Ida Grove
1347	Hawarden Regional Healthcare	Hawarden

Outpatient & Additional Outpatient Database

Appendix I

Hospitals

Facility #	Facility Name	Facility City
1354	Mercy Hospital of Franciscan Sisters	Oelwein
1388	Community Memorial Hospital	Sumner
1404	Floyd Valley Hospital	LeMars
1420	Pocahontas Community Hospital	Pocahontas
1438	Kossuth Regional Health Center	Algona
1453	Hegg Memorial Health Center	Rock Valley
1461	UnityPoint Health - St. Luke's	Sioux City
1479	Grinnell Regional Medical Center	Grinnell
1511	Baum-Harmon Mercy Hospital	Primghar
1529	Humboldt County Memorial Hospital	Humboldt

Appendix II

Outpatient & Additional Outpatient Database

Iowa Counties

Definition: The patient's Iowa county of residence.

County Code	County Name	County Code	County Name	County Code	County Name
1	Adair	34	Floyd	67	Monona
2	Adams	35	Franklin	68	Monroe
3	Allamakee	36	Fremont	69	Montgomery
4	Appanoose	37	Greene	70	Muscatine
5	Audubon	38	Grundy	71	O'Brien
6	Benton	39	Guthrie	72	Osceola
7	Black Hawk	40	Hamilton	73	Page
8	Boone	41	Hancock	74	Palo Alto
9	Bremer	42	Hardin	75	Plymouth
10	Buchanan	43	Harrison	76	Pocahontas
11	Buena Vista	44	Henry	77	Polk
12	Butler	45	Howard	78	Pottawattamie
13	Calhoun	46	Humboldt	79	Poweshiek
14	Carroll	47	Ida	80	Ringgold
15	Cass	48	Iowa	81	Sac
16	Cedar	49	Jackson	82	Scott
17	Cerro Gordo	50	Jasper	83	Shelby
18	Cherokee	51	Jefferson	84	Sioux
19	Chickasaw	52	Johnson	85	Story
20	Clarke	53	Jones	86	Tama
21	Clay	54	Keokuk	87	Taylor
22	Clayton	55	Kossuth	88	Union
23	Clinton	56	Lee	89	Van Buren
24	Crawford	57	Linn	90	Wapello
25	Dallas	58	Louisa	91	Warren
26	Davis	59	Lucas	92	Washington
27	Decatur	60	Lyon	93	Wayne
28	Delaware	61	Madison	94	Webster
29	Des Moines	62	Mahaska	95	Winnebago
30	Dickinson	63	Marion	96	Winneshiek
31	Dubuque	64	Marshall	97	Woodbury
32	Emmet	65	Mills	98	Worth
33	Fayette	66	Mitchell	99	Wright

Outpatient & Additional Outpatient Database

State Code Abbreviations

Definition: The patient's state of residence.

Alabama	AL	North Carolina	NC
Alaska.....	AK	North Dakota	ND
Arizona	AZ	Ohio.....	OH
Arkansas	AR	Oklahoma.....	OK
California.....	CA	Oregon	OR
Colorado.....	CO	Pennsylvania.....	PA
Connecticut.....	CT	Rhode Island.....	RI
Delaware	DE	South Carolina	SC
District of Columbia.....	DC	South Dakota	SD
Florida	FL	Tennessee	TN
Georgia.....	GA	Texas.....	TX
Hawaii.....	HI	Utah.....	UT
Idaho	ID	Vermont.....	VT
Illinois	IL	Virginia	VA
Indiana.....	IN	Washington	WA
Iowa.....	IA	West Virginia.....	WV
Kansas	KS	Wisconsin.....	WI
Kentucky.....	KY	Wyoming	WY
Louisiana.....	LA		
Maine.....	ME		
Maryland.....	MD	Puerto Rico	PR
Massachusetts	MA	Virgin Islands.....	VI
Michigan	MI	Guam.....	GU
Minnesota.....	MN		
Mississippi.....	MS		
Missouri	MO	<u>Armed Forces (APO/FPO)</u>	
Montana	MT		
Nebraska.....	NE	In America	AA
Nevada	NV	In Europe.....	AE
New Hampshire.....	NH	In Pacific.....	AP
New Jersey.....	NJ		
New Mexico.....	NM		
New York.....	NY	All Others and Unknown	XX

Outpatient & Additional Outpatient Database

Race Codes

Definition: The Race code assigned to the patient's record.

1	White	A person having origins in any of the peoples of Europe, North Africa or the Middle East.
2	African American /Black	A person having origins in any of the black racial groups of Africa. Terms such as "Haitian," "Dominican" or "Somali" can be used in addition to "African American or Black."
3	American Indian /Alaska Native	A person having origins in any of the people of North and South America (including Central America) and who maintains tribal or community attachment.
4	Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
5	Native Hawaiian /Other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.
6	Hispanic/Latino of Any Race	A person of Cuban, Mexican, Puerto Rico, South or Central American or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic or Latino." Effective 7/1/2012 Discontinued (see Ethnicity addition)
7	Multiracial /Two or More Races	A person having origins that include more than one of the above-stated categories.
8	Declined	A person NOT wanting to respond to the question regarding race.
9	Unavailable/ Unknown	Attempts to capture race were unattainable due to other circumstances.

Outpatient & Additional Outpatient Database

Place of Service

Definition: The area where the patient received treatment.

Outpatient:

1=Emergency Room.

Any record with a Revenue Code 0450, 0451, 0452, 0456, 0459 or 068x.

2= Outpatient Surgery.

Any record not classified as Emergency Room **AND** with a revenue code 0360, 0361, 0369, 0480, 0481, 0490, 0499, 0750, 0759.

3=Observation:

Any record not classified as Emergency Room or Outpatient Surgery **AND** with a revenue code 0760, 0762, 0769.

Additional Outpatient:

4=Therapies:

Any record not classified as Emergency Room, Outpatient Surgery or Observation **AND** with revenue codes in categories 41X-44X, or 93X-95X. This includes Respiratory, Physical, Occupational and Speech Therapies, Medical Rehabilitation, Therapeutic Rehabilitation or Athletic Training respectively.

5=Outpatient (Lab/Radiology) Only:

Any record not classified as Emergency Room, Outpatient Surgery, Observation, or Therapies **AND** with revenue codes in categories 30X, 32X-35X, 40X, 61X, 73X-74X or 92X **exclusively**. This includes Diagnostic and Routine Laboratory Testing, Diagnostic and Therapeutic Radiology, Nuclear Medicine, CAT Scans, Imaging, MRIs, EKGs and EEGs.

6=Other Outpatient:

Includes records not previously designated and **may** include records with revenue codes in categories 38X-39X, 46X-47X, 51X-52X, 58X-60X, 64X-66X, 77X, 82X-85X, or 88X **exclusively**. This includes Blood Products and Storage, Audiology and Pulmonary, Clinics, Home Health visits & units, Home Health Oxygen & IV, Hospice and Preventative Care, Hemodialysis, peritoneum and miscellaneous dialysis.

Expected Source of Payment

Definition: The source of payment that is expected to pay the greatest share of the hospital bill.

- 01 Medicare – Non-managed Care (Title 18)
- 02 Medicaid – Non-managed Care (Title 19, e.g. SCHIP otherwise known as HAWK-I)
- 03 Iowa State Government (e.g. Mental Health State Papers, Iowa Cares, etc.)
- 04 County/Local Government
- 05 Other Federal Government (e.g. Champus, Veterans, Title V, Railroad, Crippled Children, DOD/Tricare, Veteran’s Affairs, Indian health services, Black Lung,)
- 06 Blue Cross (e.g. Blue Cross Alliance Select, Blue Cross Unity Choice)
- 07 Commercial (private or group plans including auto insurances)
- 08 Self Pay (The patient has no insurance, is ineligible for governmental assistance and is **not** a “no charge” patient.)
- 09 Workers Compensation
- 10 No Charge (The account has “\$0.00” total charges and the patient is not billed for the admission, i.e. cancelled procedure, etc.)
- 11 Medicare – Managed Care (e.g. HMO, PPO)
- 12 Medicaid – Managed Care (e.g. HMO, PPO, PCCM)

Crime Victims and Sexual Assault claims may be covered by different levels of government agencies and should be submitted under the Federal, State, or County/Local Government that is paying the bill.

Outpatient & Additional Outpatient Database

Appendix VII

Patient Discharge Status

Definition: *The patient's status as of the ending service date of the period covered on the record.*

- 01 Discharged to home or self-care (routine discharge). (see Code 81 for a discharge with a Planned Acute Care Hospital Readmission effective 10/1/2013)

Usage Note:

Includes discharge to home, home on oxygen if DME only, any other DME only, group home, foster care, independent living and other residential care arrangements, outpatient programs, such as partial hospitalization or outpatient chemical dependency programs.

- 02 Discharged/transferred to a Short Term General Hospital for inpatient care. (see Code 82 for a discharge with a Planned Acute Care Hospital Readmission effective 10/1/2013)

- 03 Discharged/transferred to Skilled Nursing Facility (SNF) with Medicare certification in anticipation of Skilled Care. (see Code 83 for a discharge with a Planned Acute Care Hospital Readmission effective 10/1/2013)

Usage Note:

Medicare – Indicates that the patient is discharged/transferred to a Medicare certified nursing facility. For hospitals with an approved swing bed arrangement, use Code 61 - Swing Bed. For reporting other discharge/transfers to nursing facilities see 04 and 64

- 04 Discharged/transferred to a facility that provides Custodial or Supportive Care. (see Code 84 for a discharge with a Planned Acute Care Hospital Readmission effective 10/1/2013)

Usage Note:

Includes intermediate care facilities (ICFs) if specifically designated at the state level. Also used to designate patients that are discharged/transferred to a nursing facility with neither Medicare nor Medicaid certification and for discharges/transfers to Assisted Living Facilities.

- 05 Discharged/transferred to a designated cancer center or children's hospital. (see Code 85 for a discharge with a Planned Acute Care Hospital Readmission effective 10/1/2013)

Usage Note:

Transfers to non-designated cancer hospitals should use Code 02. A list of (National Cancer Institute) designated cancer centers can be found at <http://www3.cancer.gov/cancercenters/centerslist.html>.

Outpatient & Additional Outpatient Database

Appendix VII

Patient Discharge Status

Definition: *The patient's status as of the ending service date of the period covered on the record.*

- 06 Discharged/transferred to home under care of organized home health service organization in anticipation of covered skilled care. (see Code 86 for a discharge with a Planned Acute Care Hospital Readmission effective 10/1/2013)
- Usage Note:
Report this code when the patient is discharged/transferred to home with a written plan of care (tailored to the patient's medical needs) for home care services. Not used for home health services provided by a DME supplier or from a Home IV provider for home IV services.
- 07 Left against medical advice or discontinued care.
- 08 Reserved for national assignment.
- 09 Admitted as an Inpatient to this hospital. Usage Note: For use only on Medicare outpatient claims. Applies only to those Medicare outpatient services that begin greater than three days prior to an admission.
- 10-19 Reserved for assignment by the NUBC.
- 20 Expired.
- 21 Discharged/transferred to Court/Law Enforcement. (see Code 87 for a discharge with a Planned Acute Care Hospital Readmission effective 10/1/2013)
- Usage Note:
Includes transfers to incarceration facilities such as jail, prison or other detention facilities.
- 22 – 29 Reserved for assignment by the NUBC.
- 30 Still Patient.
- Usage Note:
Used when the patient is still within the same facility, typically used when billing for leave of absence days or interim bills.

Outpatient & Additional Outpatient Database

Appendix VII

Patient Discharge Status

Definition: *The patient's status as of the ending service date of the period covered on the record.*

- 31-39 Reserved for assignment by the NUBC.
- 40 Expired at home – Not accepted in IPOP as valid patient status code.
- Usage Note:
For use only on Medicare and TRICARE claims for hospice care.
- 41 Expired in a medical facility (e.g. hospital, SNF, ICF, or free standing hospice) – Not accepted in IPOP as valid patient code.
- Usage Note:
For use only on Medicare and TRICARE claims for hospice care.
- 42 Expired – Place unknown – Not accepted in IPOP as valid patient status code. (see Code 88 for a discharge with a Planned Acute Care Hospital Readmission effective 10/1/2013)
- Usage Note:
For use only on Medicare and TRICARE claims for hospice claims.
- 43 Discharged/transferred to a Federal Health Care Facility. (See Code 88 for a discharge with a Planned Acute Care Hospital Inpatient Readmission effective 10/1/2013)
- Usage Note:
Discharges and transfers to a government operated health facility such as a Department of Defense Hospital, a Veteran's Administration hospital or a Veteran's Administration nursing facility. To be used whenever the destination at discharge is a federal health care facility, whether the patient lives there or not.
- 44-49 Reserved for assignment by the NUBC.
- 50 Hospice – Home.

Outpatient & Additional Outpatient Database

Appendix VII

Patient Discharge Status

Definition: *The patient's status as of the ending service date of the period covered on the record.*

- 51 Hospice – Medical facility (certified) providing hospice-level care.
- 52-60 Reserved for assignment by the NUBC.
- 61 Discharged/transferred to a Hospital-based Medicare approved Swing Bed. (see Code 89 for a discharge with a Planned Acute Care Hospital Readmission effective 10/1/2013)

Usage Note:

Medicare – Used for reporting patients discharged/transferred to a SNF level of care within the hospital's approved swing bed arrangement.

- 62 Discharged/ transferred to an Inpatient Rehabilitation Facility (IRF) including rehabilitation distinct part units of a hospital. (see Code 90 for a discharge with a Planned Acute Care Hospital Readmission effective 10/1/2013)
- 63 Discharged/transferred to a Medicare-certified Long Term Care Hospital (LTCH). (see Code 91 for a discharge with a Planned Acute Care Hospital Readmission effective 10/1/2013)

Usage Note:

For hospitals that meet Medicare criteria for LTCH certification.

- 64 Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare. (see Code 92 for a discharge with a Planned Acute Care Hospital Readmission effective 10/1/2013)
- 65 Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital. (see Code 93 for a discharge with a Planned Acute Care Hospital Readmission effective 10/1/2013)
- 66 Discharged/transferred to a Critical Access Hospital (CAH). (Effective 1/1/2006) (see Code 94 for a discharge with a Planned Acute Care Hospital Readmission effective 10/1/2013)
- 67-68 Reserved for assignment by the NUBC.

Outpatient & Additional Outpatient Database

Appendix VIII

Patient Discharge Status

Definition: *The patient's status as of the ending service date of the period covered on the record.*

- 69 Discharged/transferred to a Designated Disaster Alternative Care Site (Effective 10/1/13)
- 70 Discharged/transferred to another type of health care institution not defined elsewhere in this code list (see Code 95 for a discharge with a Planned Acute Care Hospital Readmission effective 10/1/2013)
- 71-72 Discontinued 4/1/03
- 73 – 80 Reserved for Assignment by the NUBC.
- 81 Discharged/transferred to Home or Self Care with a Planned Acute Care Hospital Inpatient Readmission (Effective 10/1/13)
- 82 Discharged/transferred to a Short Term General Hospital for Inpatient Care with a Planned Acute Care Hospital Inpatient Readmission (Effective 10/1/13)
- 83 Discharged/transferred to a Skilled Nursing Facility (SNF) with Medicare Certification with a Planned Acute Care Hospital Inpatient Readmission (Effective 10/1/13)
- 84 Discharged/transferred to a Facility that Provides Custodial or Supportive Care with a Planned Acute Care Hospital Inpatient Readmission (Effective 10/1/13)
- 85 Discharged/transferred to a Designated Cancer Center or Children's Hospital with a Planned Acute Care Hospital Inpatient Readmission (Effective 10/1/13)
- 86 Discharged/transferred to Home Under the Care of Organized Home Health Service Organization with a Planned Acute Care Hospital Inpatient Readmission (Effective 10/1/13)
- 87 Discharged/transferred to Court/Law Enforcement with a Planned Acute Care Hospital Inpatient Readmission (Effective 10/1/13)
- 88 Discharged/transferred to a Federal Health Care Facility with a Planned Acute Care Hospital Inpatient Readmission (Effective 10/1/13)
- 89 Discharged/transferred to a Hospital-based Medicare Swing Bed with a Planned Acute Care Hospital Inpatient Readmission (Effective 10/1/13)

Outpatient & Additional Outpatient Database

Patient Discharge Status

Definition: *The patient's status as of the ending service date of the period covered on the record.*

- 90 Discharged/transferred to an Inpatient Rehabilitation Facility (IRF) including Rehabilitation Distinct Part Units of a Hospital with a Planned Acute Care Hospital Inpatient Readmission (Effective 10/1/13)
- 91 Discharged/transferred to a Medicare Certified Long Term Care Hospital (LTCH) with a Planned Acute Care Hospital Inpatient Readmission (Effective 10/1/13)
- 92 Discharged/transferred to a Nursing Facility Certified Under Medicaid but not Certified Under Medicare with a Planned Acute Care Hospital Inpatient Readmission (Effective 10/1/13)
- 93 Discharged/transferred to a Psychiatric Hospital or Psychiatric Distinct Part Unit of a Hospital with a Planned Acute Care Hospital Inpatient Readmission (Effective 10/1/13)
- 94 Discharged/transferred to a Critical Access Hospital (CAH) with a Planned Acute Care Hospital Inpatient Readmission (Effective 10/1/13)
- 95 Discharged/transferred to Another Type or Health Care Institution not Defined Elsewhere in this Code List with a Planned Acute Care Hospital Inpatient Readmission (Effective 10/1/13)
- 96 – 99 Reserved for Assignment by the NUBC.

Outpatient & Additional Outpatient Database

Appendix VIII

Outpatient Revenue Center Mapping

Definition: Mapping of Revenue Codes to Revenue Center categories.

UB-04 Codes	Revenue Centers
025X, 063X	Pharmacy
027X, 062X, 0290-0293	Med./Surg. Supplies
030X, 031X	Laboratory
035X, 061X	MRI and CAT Scans
033X	Therapeutic Radiology
032X, 040X, 073X, 074X	Other Diagnostic Services
034X	Nuclear Medicine
036X	Operating Room
037X	Anesthesia
041X, 046X	Respiratory Therapy
042X, 043X, 044X	Physical, Occupational, Speech Therapy
099X	Non-Covered
096X, 097X, 098X	Professional Fees
076X	Treatment or Observation Room
0480-0481, 049X, 075X	Ambulatory Surgical Care
045X	Emergency Room
071X	Recovery Room
072X	Labor/Delivery Room
047X	Audiology
054X	Ambulance
079X	Lithotripsy
0943	Cardiac Rehab
082X-085X	Renal Dialysis
All Others	Other

Outpatient & Additional Outpatient Database

Appendix IX

Revenue Codes Requiring CPT/HCPCS

Definition: The following Revenue Codes require CPT/HCPCS codes:

Revenue Code	Description	Place of Service
032X	Diagnostic X-ray	1-5
0333	Radiation Therapy	1-5
0339	Other Radiology – Therapeutic	1-5
034X	Nuclear Med	1-5
035X	CT scan	1-5
036X	Operating Room Services	2
040X	Imaging Services	1-5
045X	Emergency Room	1
0480	Cardiology – General Classification	2
0481	Cardiology – Cardiac Cath Lab	2
049X	Ambulatory Surgery	2
061X	MRT	1-5
075X	Gastrointestinal Services	2
079X	Extra-corporeal Shock Wave Therapy	5

Ethnicity

Definition: The Ethnicity code assigned to the patient's record.

E1	Hispanic or Latino	A person of Mexican, Puerto Rico, Cuban or South American or other Spanish culture or origin, regardless of race.
E2	Non Hispanic or Latino	A person not of Spanish culture or origin.
E3	Declined	A person NOT wanting to respond to the question regarding ethnicity.
E4	Unavailable/ Unknown	Attempts to capture ethnicity were unattainable due to other circumstances.